

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000006752

FILED
Jan 22, 2009
Secretary of State

Entity Name: OKALOOSA COUNTY LEAGUE OF CITIES, INC.

Current Principal Place of Business:

1959 LEWIS TURNER BLVD
FORT WALTON BEACH, FL 32547

New Principal Place of Business:

1959 LEWIS TURNER BLVD
FORT WALTON BEACH, FL 32547 US

Current Mailing Address:

#2 CHEROKEE RD.
SHALIMAR, FL 32579

New Mailing Address:

#2 CHEROKEE RD.
SHALIMAR, FL 32579 US

FEI Number: 59-3712051

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

SMITH, TINA
#2 CHEROKEE RD.
SHALIMAR, FL 32579 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: COMBS, GARY
Address: 2 CHEROKEE RD
City-St-Zip: SHALIMAR, FL 32579

Title: VP () Delete
Name: BARKER, CRAIG
Address: 4200 TWO TREES RD
City-St-Zip: DESTIN, FL 32541

Title: ST () Delete
Name: STRONG, HEYWARD
Address: 466 VALPARAISO PKWY
City-St-Zip: VALPARAISO, FL 32580

Title: D () Delete
Name: ANDERSON, MIKE
Address: POB 4009
City-St-Zip: FORT WALTON BEACH, FL 325494009

Title: D () Delete
Name: SWIHART, AL
Address: 208 N PARTIN DR
City-St-Zip: NICEVILLE, FL 32578

Title: D () Delete
Name: MILLER, FAY
Address: 8209 HWY 85 N
City-St-Zip: LAUREL HILL, FL 325670158

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: BARKER, CRAIG
Address: 4200 TWO TREES RD
City-St-Zip: DESTIN, FL 32541

Title: VP (X) Change () Addition
Name: STRONG, HEYWARD
Address: 466 VALPARAISO PKWY
City-St-Zip: VALPARAISO, FL 32580

Title: ST (X) Change () Addition
Name: CHUBB, NICK
Address: 10 NE YACHT CLUB DR
City-St-Zip: FORT WALTON BEACH, FL 32547

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: COMBS, GARY
Address: 2 CHEROKEE ROAD
City-St-Zip: SHALIMAR, FL 32579

Title: D (X) Change () Addition
Name: BOLTON, CHUCK
Address: 195 CHRISTOBAL ROAD NORTH
City-St-Zip: MARY ESTHER, FL 32569 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GARY COMBS

D

01/22/2009

Electronic Signature of Signing Officer or Director

Date