

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000006752

FILED
Jan 09, 2012
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 US

New Principal Place of Business:

Current Mailing Address:

#2 CHEROKEE RD.
SHALIMAR, FL 32579 US

New Mailing Address:

FEI Number: 59-3712051

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HANSEN, SHEILA
#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
Name: SARAH (SAM), SEEVERS
Address: 4200 INDIAN BAYOU TRAIL
City-St-Zip: DESTIN, FL 32541 US

Title: VP
Name: SMITH, JOAN
Address: P O BOX 158
City-St-Zip: LAUREL HILL, FL 32567 US

Title: ST
Name: COMBS, GARY
Address: 2 CHEROKEE ROAD
City-St-Zip: SHALIMAR, FL 32579 US

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

Title: D
Name: HENKEL, DAN
Address: 208 N PARTIN DRIVE
City-St-Zip: NICEVILLE, FL 32578 US

Title: D
Name: MCLEMORE, MARGARET
Address: 195 CHRISTOBAL ROAD NORTH
City-St-Zip: MARY ESTHER, FL 32569 US

I hereby 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 all other like empowered.

SIGNATURE: GARY COMBS

ST

01/09/2012

Electronic Signature of Signing Officer or Director

Date