


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 10, 2005 8:00 am
Secretary of State


01-10-2005 90048 001 ****61.25

DOCUMENT # N01000003237	
1. Entity Name OKALOOSA COUNTY VETERANS MEMORIAL INC.	

Principal Place of Business 198 NORTH WILSON STREET CRESTVIEW, FL 32536	Mailing Address 198 NORTH WILSON STREET CRESTVIEW, FL 32536
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DO NOT WRITE IN THIS SPACE

20001123



01042005 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-3710907	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent WHITEHURST, GEORGE H 198 NORTH WILSON STREET CRESTVIEW, FL 32536	DO NOT WRITE IN THIS SPACE
8. 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. I am familiar with, and accept the obligations of registered agent.	

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)

Signature, typed or printed name of registered agent and title, if applicable. DATE

Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D WHITEHURST, GEORGE H 120 GILLIS DRIVE CRESTVIEW, FL 32536
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D LYNN, ROBERT H 2814 PHIL TYNER ROAD CRESTVIEW, FL 32536
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D GLOVER, GLENDA 115 WAYNELL CIRCLE FORT WALTON BEACH, FL 32548
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CURRY, JIMM 119 ELOISE PLACE CRESTVIEW, FL 32536
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

DO NOT WRITE
IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 and I have the right to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other fee empowered.

SIGNATURE: ROBERT H. LYNN *See / true* 01/04/05 850-682-3812

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #