


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

Jan 09, 2006 08:00 AM
Secretary of State

DOCUMENT # N01000003237 1. Entity Name OKALOOSA COUNTY VETERANS MEMORIAL INC.			
<table style="width: 100%;"> <tr> <td style="width: 50%;">Principal Place of Business 198 NORTH WILSON STREET CRESTVIEW, FL 32536</td> <td style="width: 50%;">Mailing Address 198 NORTH WILSON STREET CRESTVIEW, FL 32536</td> </tr> </table>			Principal Place of Business 198 NORTH WILSON STREET CRESTVIEW, FL 32536
Principal Place of Business 198 NORTH WILSON STREET CRESTVIEW, FL 32536	Mailing Address 198 NORTH WILSON STREET CRESTVIEW, FL 32536		
DO NOT WRITE IN THIS SPACE			
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 _____ <small>Signature, typed or printed name of registered agent and title (if applicable) (NOTE: Registered Agent's signature required when re-registering)</small>			
Filing Fee is \$61.25 Due by May 1, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	DO NOT WRITE IN THIS SPACE	
10. OFFICERS AND DIRECTORS			
TITLE	D	DO NOT WRITE IN THIS SPACE	
NAME	WHITEHURST, GEORGE H		
STREET ADDRESS	120 GILLIS DRIVE		
CITY - ST - ZIP	CRESTVIEW, FL 32536		
TITLE	D		
NAME	LYNN, ROBERT H		
STREET ADDRESS	2814 PHIL TYNER ROAD		
CITY - ST - ZIP	CRESTVIEW, FL 32536		
TITLE	D		
NAME	GLOVER, GLENDA		
STREET ADDRESS	115 WAYNELL CIRCLE		
CITY - ST - ZIP	FORT WALTON BEACH, FL 32548		
TITLE	D	DO NOT WRITE IN THIS SPACE	
NAME	CURRY, JIMM		
STREET ADDRESS	119 ELOISE PLACE		
CITY - ST - ZIP	CRESTVIEW, FL 32536		
TITLE		DO NOT WRITE IN THIS SPACE	
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
TITLE		DO NOT WRITE IN THIS SPACE	
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered			
SIGNATURE: <u>Robert H. Lynn</u> <u>Robert H Lynn</u> <u>01/05/06</u> <u>(850) 682-3812</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Dorsing Phone #</small>			



01042006 No Chg-NP CR2E037 (11/05)

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

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01/10/06-80025-006 61.25