


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 28, 2008 08:00 AM**  
**Secretary of State**

DOCUMENT # N01000003237 1. Entity Name OKALOOSA COUNTY VETERANS MEMORIAL INC.	
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Principal Place of Business 198 NORTH WILSON STREET CRESTVIEW, FL 32536	Mailing Address 198 NORTH WILSON STREET CRESTVIEW, FL 32536
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01232008 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

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

6. Name and Address of Current Registered Agent  WHITEHURST, GEORGE H 198 NORTH WILSON STREET CRESTVIEW, FL 32536	<b>DO NOT WRITE IN THIS SPACE</b>
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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) DATE \_\_\_\_\_

**Filing Fee is \$61.25  
Due by May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

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**

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01/31/08-80013-019-61.25

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:** *Robert H. Lynn* **Robert H. Lynn** *01/22/08 (850) 582-2222*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #