

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000003237

FILED
Jan 19, 2009
Secretary of State

Entity Name: OKALOOSA COUNTY VETERANS MEMORIAL INC.

Current Principal Place of Business:

198 NORTH WILSON STREET
CRESTVIEW, FL 32536

New Principal Place of Business:

Current Mailing Address:

198 NORTH WILSON STREET
CRESTVIEW, FL 32536

New Mailing Address:

FEI Number: 59-3710907

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WHITEHURST, GEORGE H
198 NORTH WILSON STREET
CRESTVIEW, FL 32536 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: D () Delete
Name: WHITEHURST, GEORGE H
Address: 120 GILLIS DRIVE
City-St-Zip: CRESTVIEW, FL 32536

Title: D () Delete
Name: LYNN, ROBERT H
Address: 2814 PHIL TYNER ROAD
City-St-Zip: CRESTVIEW, FL 32536

Title: D () Delete
Name: GLOVER, GLENDA
Address: 115 WAYNELL CIRCLE
City-St-Zip: FORT WALTON BEACH, FL 32548

Title: D () Delete
Name: CURRY, JIMM
Address: 119 ELOISE PLACE
City-St-Zip: CRESTVIEW, FL 32536

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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: ROBERT H. LYNN

TRES

01/19/2009

Electronic Signature of Signing Officer or Director

Date