## 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## May 02, 2005 8:00 am Secretary of State **DOCUMENT # N02000004573** 05-02-2005 90548 014 \*\*\*\*61.25 1. Entity Name BOEING FORT WALTON BEACH LEADERSHIP ASSOCIATION, INC. Principal Place of Business Mailing Address **626 ANCHORS STREET** 626 ANCHORS STREET FT. WALTON BEACH, FL 32548 FT. WALTON BEACH, FL 32548 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04282005 Cha-NP CR2E037 (10/03) 4. FEI Number 59-3142633 Applied For City & State City & State Not Applicable \$8.75 Additional Zip Country Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent USBORNE VICK COLE, LOIS Street Address (P.O. Box Number is Not Acceptable) 7142 KARLWOOD DR 35 TANGLEWOOD CIRCLE FORT WALTON BEACH, FL 32547 Zip Code 32566 Novarre 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 LCC 9. Election Campaign Financing Make check payable to Filing Fee is \$61.25 \$5.00 May Be Trust Fund Contribution. Florida Department of State Due by May 1, 2005 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. PD TITLE **☑** Delete TITLE ☐ Change Addition Willey, Paul 331 Cherie Ct NW Fort Walton Beach, FL 32548 NAME STOCKTON, GUY NAME 204 JEFF DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CRESTVIEW, FL 32536 CITY-ST-ZIP SD MILE ☐ Detete TITS F ☐ Change ☐ Addition MILLER, PAULETTE NAME NAME STREET ADDRESS 218-1 CLOVERDALE BLVD STREET ADDRESS CITY-ST-ZIP FORT WALTON BEACH, FL 32547 CITY-ST-ZIP TD Delete Addition TITLE TITLE Change OSBORNE, VICKI L. 7142 KAOII WOOD DR NAME WILLEY, PAUL NAME STREET ADDRESS 331 CHERIE CT NW STREET ADDRESS NOVarre, FL 32566 CITY-ST-ZIP FORT WALTON BEACH, FL 32548 CITY-ST-ZIP TITLE ☐ Delete TITLE □ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE □ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change ☐ Addition ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 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. VICKI L. OS. borne, VP Tragsurer

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