

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 17, 2006 08:00 AM
Secretary of State

DOCUMENT # N02000004573

1. Entity Name
**BOEING FORT WALTON BEACH LEADERSHIP
ASSOCIATION, INC.**



Principal Place of Business
**626 ANCHORS STREET
FT. WALTON BEACH, FL 32548**

Mailing Address
**626 ANCHORS STREET
FT. WALTON BEACH, FL 32548**



08132006 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3142633

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**OSBORNE, VICKI L
7142 KNOLLWOOD DR
NAVARRE, FL 32566**

**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 _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$61.25
Due by September 6, 2006**

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	WILLEY, PAUL
STREET ADDRESS	331 CHERIE CT NW
CITY-STATE-ZIP	FORT WALTON BEACH, FL 32548

TITLE	SD
NAME	MILLER, PAULETTE
STREET ADDRESS	218-1 CLOVERDALE BLVD
CITY-STATE-ZIP	FORT WALTON BEACH, FL 32547

TITLE	TD
NAME	OSBORNE, VICKI L
STREET ADDRESS	7142 KNOLLWOOD DR
CITY-STATE-ZIP	NAVARRE, FL 32566

TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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08/17/06-80001-009 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: *Vicki L. Osborne* *Nicki L. Osborne* *8/13/06*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #