

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 17, 2003 8:00 am**  
**Secretary of State**

01-17-2003 90067 011 \*\*\*\*61.25

**DOCUMENT # N02000005340**

1. Entity Name  
**NORTH OKALOOSA REPUBLICAN CLUB, INC.**



Principal Place of Business  
**502B S FERDON BLVD  
CRESTVIEW FL 32536**

Mailing Address  
**502B S FERDON BLVD  
CRESTVIEW FL 32536**

**90004090**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**68-0503464**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LAPORTE, W. HOWARD  
502B S FERDON BLVD  
CRESTVIEW FL 32536**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Delete  
NAME **LAPORTE, W. HOWARD**  
STREET ADDRESS **502B S FERDON BLVD**  
CITY-ST-ZIP **CRESTVIEW FL 32536**

TITLE **P** ☐ Change ☒ Addition  
NAME **LaPorte, W. Howard**  
STREET ADDRESS **502B S. Ferdon BLVD.**  
CITY-ST-ZIP **CRESTVIEW, FL 32536**

TITLE **D** ☐ Delete  
NAME **FISCHER, BOB**  
STREET ADDRESS **6348 SHANG-LA ROAD**  
CITY-ST-ZIP **CRESTVIEW FL 32539**

TITLE **T** ☐ Change ☒ Addition  
NAME **BAILEY, BARNEY L. JR.**  
STREET ADDRESS **2809 MOHICAN WAY**  
CITY-ST-ZIP **CRESTVIEW FL 32539**

TITLE **D** ☐ Delete  
NAME **BAILEY, BARNEY L JR**  
STREET ADDRESS **2809 MOHICAN WAY**  
CITY-ST-ZIP **CRESTVIEW FL 32539**

TITLE **VP** ☐ Change ☒ Addition  
NAME **VANDOREN, KEITH M.**  
STREET ADDRESS **4685 HERDON LAKE DRIVE**  
CITY-ST-ZIP **CRESTVIEW, FL 32539**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **S** ☐ Change ☒ Addition  
NAME **MOXCEY, NANCY**  
STREET ADDRESS **115 HOLLOW COVE**  
CITY-ST-ZIP **CRESTVIEW, FL 32536**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. 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.

SIGNATURE:

*W. Howard LaPorte Pres. 1/15/03 90067-0224*

CR2E037 (10/02)