

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 14, 2008 8:00 am**  
**Secretary of State**

01-14-2008 90097 018 \*\*\*\*61.25

<b>DOCUMENT # N03000006627</b>					
<b>1. Entity Name</b> OKALOOSA SAVES, INC.					
<b>Principal Place of Business</b> 5479 OLD BETHEL RD CRESTVIEW, FL 32536			<b>Mailing Address</b> 5479 OLD BETHEL RD CRESTVIEW, FL 32536		
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	<b>4. FEI Number</b> 57-1180395	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>		
POWELL, GILLIS E 5479 OLD BETHEL RD CRESTVIEW, FL 32536			Name Street Address (P.O. Box Number is Not Acceptable) City		
			FL Zip Code		
<b>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.</b>					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		<b>9. Election Campaign Financing</b> <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
		<b>Make check payable to:</b> Florida Department of State			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
<b>TITLE</b> D <b>NAME</b> COURTNEY, ELAINE <b>STREET ADDRESS</b> 5479 OLD BETHEL RD <b>CITY-ST-ZIP</b> CRESTVIEW, FL 32536	<input checked="" type="checkbox"/> Delete		<b>TITLE</b> Director <b>NAME</b> Pam Tolar <b>STREET ADDRESS</b> 815 Beal Pkwy N. <b>CITY-ST-ZIP</b> Ft. Walton Beach, FL 32547	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>TITLE</b> VC <b>NAME</b> KIDNEY, DONNA <b>STREET ADDRESS</b> 135 SE PERRY AVE <b>CITY-ST-ZIP</b> FORT WALTON BEACH, FL 32548	<input type="checkbox"/> Delete		<b>TITLE</b> Director <b>NAME</b> Audrey Williams <b>STREET ADDRESS</b> 211 Cypress Street N.W. <b>CITY-ST-ZIP</b> Ft. Walton Beach, FL 32548	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>TITLE</b> T <b>NAME</b> FORD, TERRY <b>STREET ADDRESS</b> 302 N. WILSON ST <b>CITY-ST-ZIP</b> CRESTVIEW, FL 32536	<input type="checkbox"/> Delete		<b>TITLE</b> Director <b>NAME</b> Denise McGlaughn <b>STREET ADDRESS</b> 638 Jerrells Ave <b>CITY-ST-ZIP</b> Ft. Walton Beach, FL 32547	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>TITLE</b> D <b>NAME</b> HOWARD, KRISTAN <b>STREET ADDRESS</b> 17 EGLIN PKWY SE <b>CITY-ST-ZIP</b> FORT WALTON BEACH, FL 32548	<input type="checkbox"/> Delete		<b>TITLE</b> Director <b>NAME</b> Sherry Harlow <b>STREET ADDRESS</b> 838 Eglin Pkwy N.E. <b>CITY-ST-ZIP</b> Ft. Walton Beach, FL 32547	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete		<b>TITLE</b> Director <b>NAME</b> Andra Fitzgerald <b>STREET ADDRESS</b> 465 West Park Dr. <b>CITY-ST-ZIP</b> Mary Esther, FL 32569	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete		<b>TITLE</b> Director <b>NAME</b> Jan Lipscomb <b>STREET ADDRESS</b> 734 Spring Lake Dr. <b>CITY-ST-ZIP</b> Destin, FL 32541	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>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.</b>					
<b>SIGNATURE:</b> <u>Terry J Ford</u> <u>Terry J Ford, Treasurer</u> <u>1/9/07</u> <u>850-682-5111 or</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

850-684-5850