

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000000173

FILED
Apr 06, 2005
Secretary of State

Entity Name: OKALOOSA COUNTY ANTI-DRUG COALITION, INC.

Current Principal Place of Business:

618 BENNING DR.
DESTIN, FL 32541

New Principal Place of Business:

Current Mailing Address:

618 BENNING DR.
DESTIN, FL 32541

New Mailing Address:

FEI Number: 20-0458913

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TERRY, WILLIAM R
618 BENNING DR.
DESTIN, FL 32541 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: CD () Delete
Name: TERRY, WILLIAM R
Address: 618 BENNING DR.
City-St-Zip: DESTIN, FL 32541

Title: VD () Delete
Name: GWYN, JAMES E
Address: 405 OAKLAND CIRCLE
City-St-Zip: FT. WALTON BEACH, FL 32548

Title: SD () Delete
Name: BOGAR, NELLIE J
Address: 328 CURACAO CIRCLE
City-St-Zip: NICEVILLE, FL 32578

Title: TD () Delete
Name: FRESHOUR, CYNTHIA A
Address: 5244 KEYSER MILL RD.
City-St-Zip: BAKER, FL 32531

Title: D () Delete
Name: THIRSK, PHYLLIS K
Address: 113 THORNHILL RD.
City-St-Zip: FT. WALTON BEACH, FL 32578

Title: D () Delete
Name: FARROW, WILLIE A
Address: 113 PORT DR.
City-St-Zip: SHALIMAR, FL 32579

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:

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

Title: D (X) Change () Addition
Name: SCOTT, GARY
Address: 994 ROCKPORT DR.
City-St-Zip: FT. WALTON BEACH, FL 32457

I hereby certify that the information supplied with this filing does not qualify for the 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 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: WILLIAM R. TERRY

CD

04/06/2005

Electronic Signature of Signing Officer or Director

Date