

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000000173

FILED  
Feb 21, 2010  
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 (X)**

**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  
Name: TERRY, WILLIAM R  
Address: 618 BENNING DR.  
City-St-Zip: DESTIN, FL 32541

Title: VD  
Name: KING, ROBBIN  
Address: 9550 PARKER PL. DR.  
City-St-Zip: NAVARRE, FL 32566

Title: D  
Name: BOGAR, NELLIE J  
Address: 328 CURACAO CIRCLE  
City-St-Zip: NICEVILLE, FL 32578

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

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

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

I hereby 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 all other like empowered.

SIGNATURE: WILLIAM R. TERRY

CD

02/21/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date