

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000000444

FILED
Jan 08, 2007
Secretary of State

Entity Name: OKALOOSA ARTS ALLIANCE, INC.

Current Principal Place of Business:

310 PERRY AVENUE
FORT WALTON BEACH, FL 32548

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 4426
FT. WALTON BEACH, FL 325494426

New Mailing Address:

FEI Number: 54-2144083

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LORD, PERRY D
533 POCAHONTAS DR
FORT WALTON BEACH, FL 32547 US

Name and Address of New Registered Agent:

EADY, MARCY A
141 HOMEWOOD DR
FORT WALTON BEACH, FL 32548 US

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: MARCY A EADY

01/08/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: E D () Delete
Name: LORD, PERRY D
Address: 533 POCAHONTAS DR
City-St-Zip: FORT WWALTON BEACH, FL 32547

Title: PRES () Delete
Name: VANDAM, TIMOTHY P
Address: 226 WINDWARD WAY
City-St-Zip: NICEVILLE,, FL 32578

Title: V PR () Delete
Name: KURZ, ANITA
Address: 821 WEEDEN ISLAND DR
City-St-Zip: NICEVILLE, FL 32578

Title: SEC () Delete
Name: THOREEN, JAMES
Address: 33 ANASTASIA DR SE
City-St-Zip: FORT WALTON BEACH, FL 32548

Title: TRE (X) Delete
Name: EADY, MARCY A
Address: 141 HOMEWOOD DR
City-St-Zip: FORT WALTON BEACH, FL 32548

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRE (X) Change () Addition
Name: KURZ, ANITA
Address: 821 WEEDEN ISLAND DR
City-St-Zip: NICEVILLE, FL 32578 US

Title: V P (X) Change () Addition
Name: BARKLEY, MARY ANNE
Address: 708 TURNBERRY CV N
City-St-Zip: NICEVILLE,, FL 32578 US

Title: TRE (X) Change () Addition
Name: EADY, MARCY A
Address: 141 HOMEWOOD DR
City-St-Zip: FT WALTON BEACH, FL 32548 US

Title: SEC (X) Change () Addition
Name: BEHNKEN, URSEL
Address: 111CLIFFORD DR
City-St-Zip: SHALIMAR, FL 32579 US

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: MARCY A EADY

TRE

01/08/2007

Electronic Signature of Signing Officer or Director

Date