

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 14, 2008 8:00 am
Secretary of State

07-14-2008 90027 020 ****61.25

DOCUMENT # N04000000444

1. Entity Name
OKALOOSA ARTS ALLIANCE, INC.



Principal Place of Business
**310 PERRY AVENUE
FORT WALTON BEACH, FL 32548**

Mailing Address
**P.O. BOX 4426
FT. WALTON BEACH, FL 32549-4426**

2. Principal Place of Business - No P.O. Box #
Okaloosa Arts Alliance

3. Mailing Address
Okaloosa Arts Alliance

Suite, Apt. #, etc.
208 Calhoun Ave.

Suite, Apt. #, etc.
PO Box 4426

City & State
Destin, FL

City & State
Ft. Walton Beach, FL

Zip
32541

Country
USA

Zip
32549

Country
USA

07102008 Chg-NP CR2E037 (12/06)

4. FEI Number
54-2144083

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name **Susan Kneller**

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

City **Destin**

FL Zip Code
32549

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 *Susan Kneller*

July 11, 2008

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by September 12, 2008**

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

TITLE **PRE** ☐ Delete
NAME **KURZ, ANITA**
STREET ADDRESS **821 WEEDEN ISLAND DR**
CITY-ST-ZIP **NICEVILLE, FL 32578**

TITLE **VP** ☒ Delete
NAME **BARKLEY, MARY ANNE**
STREET ADDRESS **708 TURNBERRY CV N**
CITY-ST-ZIP **NICEVILLE, FL 32578**

TITLE **TRE** ☒ Delete
NAME **EADY, MARCY A**
STREET ADDRESS **141 HOMEWOOD DR**
CITY-ST-ZIP **FT WALTON BEACH, FL 32548**

TITLE **SEC** ☐ Delete
NAME **BEHNKEN, URSEL**
STREET ADDRESS **111CLIFFORD DR**
CITY-ST-ZIP **SHALIMAR, FL 32579**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE **VP** ☒ Change ☐ Addition
NAME **Demetrius Fuller**
STREET ADDRESS **PO Box 4426**
CITY-ST-ZIP **Ft. Walton Beach, FL 32549**

TITLE **TREASURER** ☒ Change ☐ Addition
NAME **Susan Kneller**
STREET ADDRESS **208 Calhoun Ave.**
CITY-ST-ZIP **Destin, FL 32541**

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

TITLE ☐ Change ☐ Addition
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 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.

SIGNATURE *Susan Kneller*

July 11, 2008 850.837.1742