

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000000444

FILED
Apr 20, 2009
Secretary of State

Entity Name: OKALOOSA ARTS ALLIANCE, INC.

Current Principal Place of Business:

208 CALHOUN AVE.
DESTIN, FL 32541

New Principal Place of Business:

8163 CARMONA ST
NAVARRE, FL 325

Current Mailing Address:

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

New Mailing Address:

P.O. BOX 4426
FT. WALTON BEACH, FL 32566

FEI Number: 54-2144083

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KNELLER, SUSAN
208 CALHOUN AVE.
DESTIN, FL 32549 US

Name and Address of New Registered Agent:

MCALLISTER, KRISTEN
45 BEAL PARKWAY
FORT WATON BEACH, FL 32549 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: KRISTEN MCALLISTER

04/20/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

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

Title: V P () Delete
Name: FULLER, DEMETRIUS
Address: PO BOX 4426
City-St-Zip: FORT WALTON BEACH, FL 32549 US

Title: T () Delete
Name: KNELLER, SUSAN
Address: 208 CALHOUN AVE.
City-St-Zip: DESTIN, FL 32541 US

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRE (X) Change () Addition
Name: HURD, GORDON
Address: 1107 S PALM BLVD
City-St-Zip: NICEVILLE, FL 32578 US

Title: V P (X) Change () Addition
Name: KNELLER, SUSAN
Address: 208 CALHOUN AVE
City-St-Zip: DESTIN, FL 32541 US

Title: T (X) Change () Addition
Name: MCALLISTER, KRISTEN
Address: 45 BEAL PARKWAY
City-St-Zip: FORT WALTON BEACH, FL 32549 US

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

I hereby certify that the information supplied with this filing does not qualify 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: KRISTEN MCALLISTER

TRES

04/20/2009

Electronic Signature of Signing Officer or Director

Date