

**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Jan 10, 2006 08:00 AM  
Secretary of State**

**DOCUMENT # N04000002889**

1. Entity Name  
**CONCERNED CITIZENS OF OKALOOSA COUNTY INC.**



Principal Place of Business  
**518 JUPITER AVE  
NICEVILLE, FL 32578-3305**

Mailing Address  
**518 JUPITER AVE  
NICEVILLE, FL 32578-3305**



01062006 No Chg-NP CR2E037 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**74-3115952**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**THOMAS, WILLIAM M  
518 JUPITER AVE  
NICEVILLE, FL 32578-3305**

**DO NOT WRITE  
IN THIS SPACE**

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

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 May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**P  
THOMAS, WILLIAM M  
518 JUPITER AVE  
NICEVILLE, FL 325783305**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**VP  
CHAMBERS, LES  
114 ARROW POINT COVE  
VALPARAISO, FL 32580**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**S  
THOMAS, CHANTE M.S.  
518 JUPITER AVE  
NICEVILLE, FL 325783305**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**D  
DONAHOO, CARL  
1150 PIN OAK  
NICEVILLE, FL 32578**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**D  
COMBS, KARYN  
19 JAPONICA LN  
SHALIMAR, FL 32579**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

000000382075  
01/11/06-80083-005 70.00

**DO NOT WRITE  
IN THIS SPACE**

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 117, 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: William M Thomas** **01/09/2006**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**850-678-7795**