

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000002889

FILED  
Feb 24, 2012  
Secretary of State

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

**Current Principal Place of Business:**

518 JUPITER AVE  
NICEVILLE, FL 325783305

**New Principal Place of Business:**

**Current Mailing Address:**

518 JUPITER AVE  
NICEVILLE, FL 325783305

**New Mailing Address:**

**FEI Number:** 74-3115952

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

THOMAS, WILLIAM M  
518 JUPITER AVE  
NICEVILLE, FL 325783305 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: P  
Name: THOMAS, WILLIAM M  
Address: 518 JUPITER AVE  
City-St-Zip: NICEVILLE, FL 325783305

Title: VP  
Name: CHAMBERS, LES  
Address: 114 ARROW POINT COVE  
City-St-Zip: VALPARAISO, FL 32580

Title: S  
Name: THOMAS, CHANTE M.S.  
Address: 518 JUPITER AVE  
City-St-Zip: NICEVILLE, FL 325783305

Title: D  
Name: DONAHOO, CARL  
Address: 1150 PIN OAK  
City-St-Zip: NICEVILLE, FL 32578

Title: D  
Name: COMBS, KARYN  
Address: 19 JAPONICA LN  
City-St-Zip: SHALIMAR, FL 32579

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 M THOMAS

MR.

02/24/2012

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

\_\_\_\_\_  
Date