2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 11, 2009
Secretary of State

DOCUMENT# N04000009483

Entity Name: OKALOOSA COUNTY FIRE RESCUE ORGANIZATION, INC.

Current Principal Place of Business:

5 NE HOLLYWOOD BLVD
FT WALTON BEACH, FL 32548

New Principal Place of Business:

Current Mailing Address:

5 NE HOLLYWOOD BLVD
FT WALTON BEACH, FL 32548

New Mailing Address:

FEI Number: 34-1985553 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DUTTON, MICHAEL W
5 NE HOLLYWOOD BLVD
FT WALTON BEACH, FL 32548 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: C ( ) Delete
Name: MILLER, JOSEPH
Address: 1024 WHITE POINT ROAD
City-St-Zip: NICEVILLE, FL 32578

Title: V ( ) Delete
Name: FRANK, CHARLIE
Address: 431 VALPARAISO PARKWAY
City-St-Zip: VALPARAISO, FL 32580

Title: T ( ) Delete
Name: DUTTON, MIKE
Address: 5 NE HOLLYWOOD BLVD
City-St-Zip: FT WALTON BEACH, FL 32548

Title: S ( ) Delete
Name: JORDAN, GARY
Address: 1024 WHITE POINT ROAD
City-St-Zip: NICEVILLE, FL 32578

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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: MICHAEL W. DUTTON TRES 02/11/2009
Electronic Signature of Signing Officer or Director — Date