## **2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

## **FILED** Aug 27, 2008 8:00 am Secretary of State

1. Entity Nam	MENT # N04755 OALS ASSOCIATION, INC.						8 90010 03	34 ****6	1.25
Principal Place 415 S W ST BAINBRIDGE,		Mailing Address POB 1026 BAINBRIDGE, GA 39818	· · · · · · · · · · · · · · · · · · ·		dalta	401			
180	lace of Business - No P.O. Box #	3. Mailing Address 180 Martin	rique Dri						
Suite, Apt.		Suite, Apt. #, etc.	z, FL	C	08202008 C	hg-NP	CR2E03	7 (12/06)	
City & State		City & State		4	FEI Number 59-28822	42			plied For
Zip	Country	Zip	Country		······································			\$8.75 Add	t Applicable
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· · · · · · · · · · · · · · · · · · ·	6. Name and Address of Current R	egistered Agent	Name	7.	Name and Ad			tnegu	
	, WAYNE W JR		`	<u> </u>	. Box Number is	urph		<del></del>	<del></del>
6113 NASS	SAU LN NY JOE, FL 32456		Street Add	dress (P.O	. Box Number is	Not Accepta	DIE)		
	<b>,</b>		1	80 1	Martic	sique.	Drive		
			City P	ort	5t, 10	γ <b>ρ</b>	FL	Zip Cod	456
	named entity submits this statement for	the purpose of changing its reg					Florida, I am f		
ine obligat	ions of registered agent.		, )				-1	ا ــ	
1	10. 17 May MA	. John V. Mili	cob. Le	resid.	a - 4-		メロカト	$\sim$ 8	
SIGNATURE \	Spalure, typed or primed name of registroid agent an	d title if applicable. (NOTE: Re				<del></del>	DATE	<u> </u>	<del></del>
	Spalure, types or primed name of registeric ages an Filling Fee is \$61.25 we by September 12, 2008	d title if applicable. (NOTE: Re  9. Election Campa Trust Fund Cont	altered Apolit signature	s required whe	n minstating) 5.00 May Be ided to Fees		Make check	ment of St	late
De 10.	Filing Fee is \$61.25 ue by September 12, 2008 OFFICERS AND DIRE	9. Election Campa Trust Fund Conf	gillered Abent signature iign Financing tribution.	s required what seek and seek	n reinstating)  5.00 May Be ided to Fees		orida Depart	RECTORS IN	tate
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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 suppliemental 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: N