


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2008 8:00 am
Secretary of State

01-16-2008 90019 023 ****70.00

DOCUMENT # N05000004218					
1. Entity Name OKALOOSA WALTON HOMELESS CONTINUUM OF CARE, OPPORTUNITY, INC.					
Principal Place of Business 571 MOONEY RD FT WALTON BCH, FL 32547			Mailing Address 571 MOONEY RD FT WALTON BCH, FL 32547		
2. Principal Place of Business - No P.O. Box # 941 Central Ave.		3. Mailing Address 941 Central Ave.			
Suite, Apt. #, etc. L		Suite, Apt. #, etc. L			
City & State Fort Walton Beach		City & State Fort Walton Beach		4. FEI Number 34-2056892	
Zip 32547		Country USA		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BARR, VIRGINIA G 571 MOONEY RD FT WALTON BCH, FL 32547		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>			
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BARR, VIRGINIA G 571 MOONEY RD FT WALTON BCH, FL 32547	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer, Board of Dir. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 941-L Central Avenue Ft. Walton Beach 32547	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STONE, WILLIAM F 571 MOONEY RD FT WALTON BCH, FL 32547	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President, Board of Dir. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NATE Smith 941-L Central Ave, FWB, 32547	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILSON, LENORE 571 MOONEY RD FT WALTON BCH, FL 32547	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary, Board of Dir. <input type="checkbox"/> Change <input type="checkbox"/> Addition Charity Parker 941-L Central Ave, FWB, 32547	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HAMMOND, CAROLYN 571 MOONEY ROAD FT WALTON BEACH, FL 32547	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Member, Board of Dir. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Judy Byrne Riley 941-L Central Ave, FWB, 32547	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FANCHER, MARTIN 571 MOONEY ROAD FT WALTON BEACH, FL 32547	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 941-L Central Avenue Ft. Walton Beach, FL 32547	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Member, Board of Dir. Patricia Franklin 941-L Central Ave, FWB 32547	
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 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: <u>Virginia G Barr</u> Jan 14, 2008 / 1-850-244-1040 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					



ATTACHMENT
40004554
#N05000004218

*Okaloosa Walton Homeless Continuum of Care/
Opportunity, Inc.
2007-08 Board of Directors*

Officers:

Nate Smith, Chairman
Board of Directors
941-L Central Avenue
Fort Walton Beach, FL 32547

Martin Fancher, Vice-President
Board of Directors
941-L Central Avenue
Fort Walton Beach, FL 32547

Virginia Glynn Barr, Treasurer
Board of Directors
941-L Central Avenue
Fort Walton Beach, FL 32547

Charity Parker, Secretary
Board of Directors
941-L Central Avenue
Fort Walton Beach, FL 32547

Board Members:

Patricia Franklin
Board of Directors
941-L Central Avenue
Fort Walton Beach, FL 32547

Judy Byrne Riley
Board of Directors
941-L Central Avenue
Fort Walton Beach, FL 32547

*Okaloosa Walton Homeless Continuum of Care/ Opportunity, Inc.
941-L Central Avenue, Fort Walton Beach, FL 32547*