

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000004218

FILED
Jan 16, 2009
Secretary of State

Entity Name: OKALOOSA WALTON HOMELESS CONTINUUM OF CARE, OPPORTUNITY, INC.

Current Principal Place of Business:

941 CENTRAL AVE
L
FT WALTON BCH, FL 32547

New Principal Place of Business:

Current Mailing Address:

941 CENTRAL AVE
L
FT WALTON BCH, FL 32547

New Mailing Address:

FEI Number: 34-2056892 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

BARR, VIRGINIA G
571 MOONEY RD
FT WALTON BCH, FL 32547 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: TBOD () Delete
Name: BARR, VIRGINIA G
Address: 941 L CENTRAL AVE
City-St-Zip: FORT WALTON BEACH, FL 32547 US

Title: PBOD () Delete
Name: SMITH, NATE
Address: 941 L CENTRAL AVE
City-St-Zip: FORT WALTON BEACH, FL 32547

Title: SBOD () Delete
Name: PARKER, CHARITY
Address: 941 L CENTRAL AVE
City-St-Zip: FORT WALTON BEACH, FL 32547

Title: MBOD () Delete
Name: RILEY, JUDY B
Address: 941 L CENTRAL AVE
City-St-Zip: FORT WALTON BEACH, FL 32547 US

Title: VBOD () Delete
Name: FANCHER, MARTIN
Address: 941 L CENTRAL AVE
City-St-Zip: FORT WALTON BEACH, FL 32547 US

Title: ED () Delete
Name: WILSON, LENORE
Address: 941 L CENTRAL AVE
City-St-Zip: FORT WALTON BEACH, FL 32547

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: SBOD (X) Change () Addition
Name: FANCHER, MARTIN
Address: 941 L CENTRAL AVE
City-St-Zip: FORT WALTON BEACH, FL 32547

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

Title: MBOD (X) Change () Addition
Name: BROWN, FRENCH
Address: 941 L CENTRAL AVE
City-St-Zip: FORT WALTON BEACH, FL 32547 US

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: LENORE WILSON

ED

01/16/2009

Electronic Signature of Signing Officer or Director

Date