2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 07, 2010
Secretary of State

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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:

203 CLOVERDALE BOULEVARD
FT WALTON BCH, FL 32547

Current Mailing Address:

941 CENTRAL AVE
L
FT WALTON BCH, FL 32547

New Mailing Address:

203 CLOVERDALE BOULEVARD
FT WALTON BCH, FL 32547

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

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
Name: BARR, VIRGINIA G
Address: 203 CLOVERDALE BOULEVARD
City-St-Zip: FORT WALTON BEACH, FL 32547 US

Title: PBOD
Name: SMITH, NATE
Address: 203 CLOVERDALE BOULEVARD
City-St-Zip: FORT WALTON BEACH, FL 32547

Title: VBOD
Name: FANCHER, MARTIN
Address: 203 CLOVERDALE BOULEVARD
City-St-Zip: FORT WALTON BEACH, FL 32547

Title: MBOD
Name: RILEY, JUDY B
Address: 203 CLOVERDALE BOULEVARD
City-St-Zip: FORT WALTON BEACH, FL 32547 US

Title: SBOD
Name: PILCHER, JACKIE
Address: 203 CLOVERDALE BOULEVARD
City-St-Zip: FORT WALTON BEACH, FL 32547 US

Title: ED
Name: WILSON, LENORE
Address: 203 CLOVERDALE BOULEVARD
City-St-Zip: FORT WALTON BEACH, FL 32547

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: LENORE M. WILSON ED 01/07/2010

Electronic Signature of Signing Officer or Director — Date