

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000004218

FILED  
Jan 13, 2011  
Secretary of State

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

**Current Principal Place of Business:**

203 CLOVERDALE BOULEVARD  
FT WALTON BCH, FL 32547

**New Principal Place of Business:**

**Current Mailing Address:**

203 CLOVERDALE BOULEVARD  
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  
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 WILSON

ED

01/13/2011

Electronic Signature of Signing Officer or Director

Date