2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 05, 2012
Secretary of State

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

Title: VBOD
Name: ST. JOHN, DUANE
Address: 203 CLOVERDALE BOULEVARD
City-St-Zip: FORT WALTON BEACH, FL 32547

Title: TBOD
Name: BATTLE, GLORIA
Address: 203 CLOVERDALE BOULEVARD
City-St-Zip: FORT WALTON BEACH, FL 32547

Title: MBOD
Name: SINER, ASHLEY
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 01/05/2012
Electronic Signature of Signing Officer or Director Date