


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 04, 2008 8:00 am
Secretary of State

02-04-2008 90051 009 ****61.25

DOCUMENT # N07000007000 1. Entity Name OKALOOSA CITIZENS' ALLIANCE INC.					
Principal Place of Business 12 MIRACLE STRIP PARKWAY #101 FT WALTON BEACH, FL 32548			Mailing Address 12 MIRACLE STRIP PARKWAY #101 FT WALTON BEACH, FL 32548		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip Country			3. Mailing Address Suite, Apt. #, etc. City & State Zip Country		
6. Name and Address of Current Registered Agent WOODS, B. KABE 12 MIRACLE STRIP PARKWAY #101 FT WALTON BEACH, FL 32548			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ (NOTE: Registered Agent signature required when reappointing) <small>Signature, typed or printed name of registered agent and title if applicable. 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	P WOODS, B. KABE 12 MIRACLE STRIP PARKWAY #101 FT WALTON BEACH, FL 32548	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/D HARVELL, DOUG 12 MIRACLE STRIP #101 FWB, FL 32548	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HARVELL, DOUG 12 MIRACLE STRIP PARKWAY #101 FT WALTON BEACH, FL 32548	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/T/D STEWLER, BARBARA 12 MIRACLE STRIP #101 FWB FL 32548	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T STEWLER, BARBARA 12 MIRACLE STRIP PARKWAY #101 FT WALTON BEACH, FL 32548	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHRISTENSEN, RUSS 12 MIRACLE STRIP #101 FWB FL 32548	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MONNIS, CHARLES 12 MIRACLE STRIP #101 FWB FL 32548	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HANNIS, WAYNE 12 MIRACLE STRIP #101 FWB FL 32548	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROBINSON, WILKES 12 MIRACLE STRIP #101 FWB FL 32548	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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>B. Kabe Woods</u> B. Kabe Woods 1-31-08 850-240-1948					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

40011410



01262008 Chg-NP CR2E037 (12/06)

4. FEI Number
26-0550658
Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**