

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N18637

FILED
Jan 05, 2009
Secretary of State

Entity Name: OKALOOSA COALITION ON THE HOMELESS, INCORPORATED

Current Principal Place of Business:

8 BOBOLINK ST NE
FT. WALTON BEACH, FL 32548 US

New Principal Place of Business:

Current Mailing Address:

8 BOBOLINK ST NE
FT. WALTON BEACH, FL 32548 US

New Mailing Address:

FEI Number: 59-2754795

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LACKEY, MARTHA C.
5 CASWELL CIRCLE
MARY ESTHER, FL 32569 US

Name and Address of New Registered Agent:

HELFRICH, MARYANN EX DIR
8 BOBOLINK STREET. N.E.
FT. WALTON BEACH, FL 32548 US

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: MARYANN HELFRICH

01/05/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: SD () Delete
Name: SANSOM, CHARLES SR
Address: 1862 STELLA LN
City-St-Zip: FORT WALTON BEACH, FL 32548

Title: TD () Delete
Name: FELL, JAMES E
Address: 508 HWY 98 UNIT 302
City-St-Zip: MIRAMAR BEACH, FL 32550

Title: D () Delete
Name: MINGO, BRIAN
Address: 1009 ASPEN CT
City-St-Zip: FORT WALTON BEACH, FL 32547

Title: VPD () Delete
Name: ELLIS, SHAUN
Address: 127 BCH
City-St-Zip: FORT WALTON BEACH, FL 32547

Title: PD () Delete
Name: RAHE, TED
Address: 327 ELDREDGE RD
City-St-Zip: FORT WALTON BEACH, FL 32548

Title: D () Delete
Name: ARMSTRONG, JOHN
Address: 1250 N ELGIN PKWY
City-St-Zip: SHALIMAR, FL 32579

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VP (X) Change () Addition
Name: FELL, JAMES E
Address: 508 HWY 98 UNIT 302
City-St-Zip: MIRAMAR BEACH, FL 32550

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

Title: D (X) Change () Addition
Name: SMITH, NATE
Address: 949 POCAHONTAS DR.
City-St-Zip: FORT WALTON BEACH, FL 32547

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

Title: TD (X) Change () Addition
Name: GARVIE, TRACY
Address: 314 SHELL AVENUE
City-St-Zip: FT. WALTON BEACH, FL 32548

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: MARYANN HELFRICH

DIR

01/05/2009

Electronic Signature of Signing Officer or Director

Date