

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 08, 1999 8:00 am
Secretary of State

05-08-1999 90003 031 ****61.25

DOCUMENT # N26148

1. Corporation Name

FAMILY RESOURCE PROGRAM OF NORTH OKALOOSA COUNTY
, INC.

Principal Place of Business

299 S. MAIN STREET
CRESTVIEW FL 32536

Mailing Address

299 S. MAIN STREET
CRESTVIEW FL 32536



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

04/28/1988

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

4. FEI Number

59-2942934

Applied For

Not Applicable

22

City & State

27

City & State

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

23

Zip

Country

28

Zip

Country

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ☐ Change ☐ Addition

TITLE PD ☐ DELETE

NAME ROBBINS, DENISE
STREET ADDRESS 7955 OLD EBENEZER RD.
CITY-ST-ZIP LAUREL HILL FL

1.1 TITLE ☐ Change ☐ Addition

TITLE VD ☐ DELETE

NAME DREWERY, BRENDA
STREET ADDRESS 119 TWIN OAK DRIVE
CITY-ST-ZIP CRESTVIEW FL 32536

1.2 NAME ☐ Change ☐ Addition

TITLE SD ☐ DELETE

NAME CORBIN, ELOUISE
STREET ADDRESS 4565 LOG LAKE RD
CITY-ST-ZIP HOLT FL 32564

1.3 STREET ADDRESS ☐ Change ☐ Addition

TITLE TD ☐ DELETE

NAME BRAME, DETHRA
STREET ADDRESS 6096 LAKE LANE
CITY-ST-ZIP CRESTVIEW FL

1.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME ☐ DELETE

STREET ADDRESS ☐ DELETE

CITY-ST-ZIP ☐ DELETE

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME ☐ Change ☐ Addition

2.3 STREET ADDRESS ☐ Change ☐ Addition

2.4 CITY-ST-ZIP ☐ Change ☐ Addition

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME ☐ Change ☐ Addition

3.3 STREET ADDRESS ☐ Change ☐ Addition

3.4 CITY-ST-ZIP ☐ Change ☐ Addition

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME ☐ Change ☐ Addition

4.3 STREET ADDRESS ☐ Change ☐ Addition

4.4 CITY-ST-ZIP ☐ Change ☐ Addition

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME ☐ Change ☐ Addition

5.3 STREET ADDRESS ☐ Change ☐ Addition

5.4 CITY-ST-ZIP ☐ Change ☐ Addition

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME ☐ Change ☐ Addition

6.3 STREET ADDRESS ☐ Change ☐ Addition

6.4 CITY-ST-ZIP ☐ Change ☐ Addition

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

DETHRA BRAME
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

29 Apr 99

Date

689-7761

Daytime Phone #

CR2E037 (11/98)