

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N29336

1. Entity Name

THE OKALOOSA-WALTON COMMUNITY COLLEGE FOUNDATION

Principal Place of Business

100 COLLEGE BLVD.
NICEVILLE FL 32578

Mailing Address

100 COLLEGE BLVD.
NICEVILLE FL 32578

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

CHITWOOD, JAMES P
100 COLLEGE BLVD.
NICEVILLE FL 32578

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
FEE IS \$61.25**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete
NAME RICHBURG, JAMES R
STREET ADDRESS 223 YACHT CLUB DR
CITY-ST-ZIP NICEVILLE FL 32578

TITLE D ☐ Delete
NAME PENNINGTON, BOBBI
STREET ADDRESS 1030 TITAN COURT
CITY-ST-ZIP FORT WALTON BEACH FL 32547

TITLE D ☒ Delete
NAME BARKER, GENE
STREET ADDRESS 45 NE BEAL PKWY
CITY-ST-ZIP FT WALTON BEACH FL 32548

TITLE D ☐ Delete
NAME RICE, DALE JR
STREET ADDRESS 320 N. FERDON BOULEVARD
CITY-ST-ZIP CRESTVIEW FL 32536

TITLE D ☐ Delete
NAME TINSLEY, HERB
STREET ADDRESS 198 NE EGLIN PKWY
CITY-ST-ZIP FT WALTON BEACH FL 32548

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D ☐ Change ☒ Addition
NAME Kilbey, Sue
STREET ADDRESS 54 Hugh Adams Road
CITY-ST-ZIP DeFuniak Springs, FL 32433

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: **SIGNATURE REQUIRED**

1/24/01

(850) 729-5357

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)



DO NOT WRITE IN THIS SPACE

FILED
Feb 05, 2001 8:00 am
Secretary of State

02-05-2001 90117 029 ****61.25