

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 07, 2003 8:00 am
Secretary of State

01-07-2003 90028 044 ****61.25

DOCUMENT # N29336



1. Entity Name
**THE OKALOOSA-WALTON COMMUNITY COLLEGE FOUNDATION
, INC.**

Principal Place of Business

Mailing Address

**100 COLLEGE BLVD.
NICEVILLE FL 32578**

**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

4. FEI Number **59-2865698**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CHITWOOD, JAMES P
100 COLLEGE BLVD.
NICEVILLE FL 32578**

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

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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

TITLE **D** ☐ Delete
NAME **TINSLEY, HERB**
STREET ADDRESS **215 NATURES TRAIL**
CITY-ST-ZIP **FT WALTON BEACH FL 32548**

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

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

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

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

TITLE **DS** ☐ Change ☒ Addition
NAME **LORI KELLEY**
STREET ADDRESS **36474-A EMERALD COAST PKWY, STE 1201**
CITY-ST-ZIP **DESTIN FL 32540**

TITLE **D** ☐ Delete
NAME **KILBEY, SARAH**
STREET ADDRESS **54 HUGH ADAMS ROAD**
CITY-ST-ZIP **DEFUNIAK SPRINGS FL 32433**

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)(i), 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: **James R. Richburg**

1/3/03

(850) 729-5357

Date

Daytime Phone #

CR2E037 (10/02)