


FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
1996-1996		B-2468		C	
DOCUMENT # N34480 1. Corporation Name THE REPUBLICAN CLUB OF OKALOOSA COUNTY, INC.					
Principal Place of Business P.O. BOX 5084 FT WALTON BEACH FL 32549 US			Mailing Address P.O. BOX 5084 FT WALTON BEACH FL 32549 US		



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 10/03/1989		3a. Date of Last Report 02/08/1995	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-2870826		Applied For Not Applicable	
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			
9. Name and Address of Current Registered Agent BUSH, LAWRENCE P. 150 EGLIN PKWY NW FT WALTON BEACH FL 32548				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				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '92			
TITLE	VPPD	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	VPP/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	JAMES, EDDIE			1.2 NAME	DON PARDUE		
STREET ADDRESS	1261 GEORGIA AVENUE			1.3 STREET ADDRESS	257 FERN DELL AVENUE		
CITY-ST-ZIP	BAKER FL			1.4 CITY-ST-ZIP	VALPARAISO, FL 32580		
TITLE	VPRV	<input checked="" type="checkbox"/> DELETE		2.1 TITLE	VPM/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	DENT, KAY			2.2 NAME	T. MARTIN KNOPE		
STREET ADDRESS	95 MEIGS DRIVE			2.3 STREET ADDRESS	6065 BLUEBERRY DRIVE		
CITY-ST-ZIP	SHALIMAR FL			2.4 CITY-ST-ZIP	CRESTVIEW, FL 32536		
TITLE	SRD	<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SMITH, BRENDA			3.2 NAME			
STREET ADDRESS	45 WAYNELL CIRCLE			3.3 STREET ADDRESS			
CITY-ST-ZIP	FT WALTON BCH FL			3.4 CITY-ST-ZIP			
TITLE	PD	<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FOUNTAIN, GRAHAM			4.2 NAME			
STREET ADDRESS	252 RIDGELAKE ROAD			4.3 STREET ADDRESS			
CITY-ST-ZIP	CRESTVIEW FL			4.4 CITY-ST-ZIP			
TITLE	VPMO	<input checked="" type="checkbox"/> DELETE		5.1 TITLE	T/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	DENT, TROY			5.2 NAME	DON COLEMAN		
STREET ADDRESS	95 MEIGS DRIVE			5.3 STREET ADDRESS	4 CORBIN COURT		
CITY-ST-ZIP	SHALIMAR FL			5.4 CITY-ST-ZIP	NICEVILLE, FL 32578		
TITLE	TD	<input checked="" type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GARDARIAN, DOROTHY			6.2 NAME			
STREET ADDRESS	27 MILLER AVE			6.3 STREET ADDRESS			
CITY-ST-ZIP	SHALIMAR FL			6.4 CITY-ST-ZIP			

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 or 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)