

FILE NOW: FILING FEE IS \$61.25

FILED  
Jun 09 1997 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Moyle  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N34480 (6)  
1. Corporation Name  
THE REPUBLICAN CLUB OF OKALOOSA COUNTY, INC.



Principal Place of Business Mailing Address  
P.O. BOX 5084 FT WALTON BEACH FL 32549 US  
P.O. BOX 5084 FT WALTON BEACH FL 32549-5084 US

3. Date Incorporated or Qualified 10/03/1989 3a. Date of Last Report 03/19/1996

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip Country 28 Zip Country  
24 25 29 30  
4. FEI Number 59-2870826 Applied For Not Applicable  
5. Certificate of Status Desired \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BUSH, LAWRENCE P.  
150 EGLIN PKWY NW  
FT WALTON BEACH FL 32548

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 12			
TITLE	VPPD	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	President PD	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	PARUDE, DON			1.2 NAME	Pardue, Don		
STREET ADDRESS	257 FERN DELL AVENUE			1.3 STREET ADDRESS	257 Fern Dell Ave.		
CITY-ST-ZIP	VALPARAISO FL			1.4 CITY-ST-ZIP	Valparaiso, FL		
TITLE	VPMO	<input type="checkbox"/> DELETE		2.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	KNOPES, T. MARTIN			2.2 NAME			
STREET ADDRESS	6065 BLUEBERRY DRIVE			2.3 STREET ADDRESS			
CITY-ST-ZIP	CRESTVIEW FL			2.4 CITY-ST-ZIP			
TITLE	SRO	<input checked="" type="checkbox"/> DELETE		3.1 TITLE	Secretary SRO	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	SMITH, BRENDA			3.2 NAME	McMillan, Francis N.		
STREET ADDRESS	45 WAYNELL CIRCLE			3.3 STREET ADDRESS	2432 Roberts Drive		
CITY-ST-ZIP	FT WALTON BCH FL			3.4 CITY-ST-ZIP	Niceville, FL		
TITLE	PD	<input checked="" type="checkbox"/> DELETE		4.1 TITLE	Vice President (Programs)VPPD	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	FOUNTAIN, GRAHAM			4.2 NAME	Gordon, Janice		
STREET ADDRESS	262 RIDGELAKE ROAD			4.3 STREET ADDRESS	30 Lake Lorraine Circle		
CITY-ST-ZIP	CRESTVIEW FL			4.4 CITY-ST-ZIP	Shalimar, FL		
TITLE	TD	<input checked="" type="checkbox"/> DELETE		5.1 TITLE	Treasurer TD	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	COLEMAN, DON			5.2 NAME	Williams, Ron		
STREET ADDRESS	4 CORBIN COURT			5.3 STREET ADDRESS	12 Country Club Road		
CITY-ST-ZIP	NICEVILLE FL			5.4 CITY-ST-ZIP	Shalimar, FL		
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

14. I do 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.

CR2E037 (9/96)