

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 09, 2004 8:00 am
Secretary of State

09-09-2004 90005 049 ****61.25

DOCUMENT # N34480

1. Entity 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

54072102



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

07122004 Chg-NP

CR2E037 (10/03)

4. FEI Number
59-2870826

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BUSH, LAWRENCE P.
8 BAYOU DR
FORT WALTON BEACH, FL 32547

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

Filing Fee is \$61.25
Due by September 8, 2004

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 PD ☐ Delete
NAME READDY, BILL
STREET ADDRESS 29 BALMORAL DR
CITY-ST-ZIP NICEVILLE, FL 32578

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

TITLE VPMD ☒ Delete
NAME WALSH, KENNETH P
STREET ADDRESS 49 LONGWOOD DR
CITY-ST-ZIP SHALIMAR, FL 32579

TITLE ☒ Change ☐ Addition
NAME **VPMD**
Parker, Brian
109 Windlake Court
Niceville, FL 32578
STREET ADDRESS
CITY-ST-ZIP

TITLE SD ☒ Delete
NAME HILL, LIBBY
STREET ADDRESS 2403 PARKER DR
CITY-ST-ZIP NICEVILLE, FL 32578

TITLE ☒ Change ☐ Addition
NAME **SD**
Dryden Sally
582 Rachel Dr.
Niceville, FL 32578
STREET ADDRESS
CITY-ST-ZIP

TITLE VPD ☐ Delete
NAME DALE, JANE K
STREET ADDRESS 155 COUNTRY
CITY-ST-ZIP SHALIMAR, FL 32579

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

TITLE TD ☐ Delete
NAME POPE, BRENT
STREET ADDRESS 106A WATER STREET
CITY-ST-ZIP FORT WALTON BEACH, FL 32548

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

TITLE SD ☒ Delete
NAME JOHN, THOMAS
STREET ADDRESS 62 NORTH STREET
CITY-ST-ZIP MARY ESTHER, FL 32569

TITLE ☒ Change ☐ Addition
NAME **SD**
Fitzgerald Cardine
946 Don Dr
Ft. Walton Beach 32547
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

9/07/04 850 729-1600