2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 10, 2005 8:00 am
Secretary of State
03-10-2005 90148 028 ****61.25

DOCUMENT # N34480

1. Entity 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 US

03052005 Chg-NP CR2E037 (10/03)

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 59-2870826 ☐ 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 May 1, 2005

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PD READDY, BILL 29 BALMORAL DR NICEVILLE, FL 32578	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P/D MARVIN J. Brigman Jr. 67 Lakeshore Dr. Shalimar, FL 32579	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPMD PAKER, BRIAN 109 WINDLAKE CART NICEVILLE, FL 32578	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V/D Nathan A. Lepper 308 Miracle Strip Pkwy, #160 Fort Walton Beach, FL 32548	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD DRYDEN, SALLY 582 RUCKEL DR NICEVILLE, FL 32578	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S/D	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD DALE, JANE K 155 COUNTRY SHALIMAR, FL 32579	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V/D	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD POPE, BRENT 106A WATER STREET FORT WALTON BEACH, FL 32548	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T/D Paul A. Kieszek 45 E. Audrey DR NW Fort Walton Beach, FL 32548	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD FITZGERALD, CAROLINE 946 DON DR. FORT WALTON BEACH, FL 32547	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S/D	☑ Change ☐ Addition

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: Paul A. Kieszek PAUL A. Kieszek 3/7/05 (850) 244-0931
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #