2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2006 8:00 am
Secretary of State
03-31-2006 90021 040 ****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

01132006 Chg-NP CR2E037 (11/05)

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 DALE, JANE K. Street Address (P.O. Box Number is Not Acceptable) 155 Country Club Rd. City Shalimar FL Zip Code 32579

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 Jane K Dale Jane K. Dale - Vice-President 3/28/06
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, 2006

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 BRIGMAN, MARVIN J JR. 67 LAKESHORE DR SHALIMAR, FL 32579	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V/D LEPPER, NATHAN A 308 MIRACLE STRIP PKWY #160 FORT WALTON BEACH, FL 32548	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S/D DRYDEN, SALLY 582 RUCKEL DR NICEVILLE, FL 32578	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V/D DALE, JANE K 155 COUNTRY SHALIMAR, FL 32579	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T/D KIESZEK, PAUL A 45 E. AUDREY DR NW FORT WALTON BEACH, FL 32548	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S/D FITZGERALD, CAROLINE 946 DON DR. FORT WALTON BEACH, FL 32547	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 - Treasurer Paul A. Kieszek 3/28/06 850-244-0931
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #