

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 04, 2007 8:00 am
Secretary of State

04-30-2007 90459 016 ****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		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address 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 DALE, JANE K 155 COUNTRY CLUB RD SHALIMAR, FL 32579			7. Name and Address of New Registered Agent Name J. Bruce Bowman Street Address (P.O. Box Number is Not Acceptable) 34940 Emerald Coast Pkwy Suite 301 City Destin FL Zip Code 32541		
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  Bruce Bowman DATE 4/20/07 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when releasing)					
Filing Fee is \$61.25 Due by May 1, 2007		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	P/D BILL BYERLEY 117 COUNTRY CLUB ROAD SHALIMAR, FL 32579	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V/D LEPPER, NATHAN A 308 MIRACLE STRIP PKWY #180 FORT WALTON BEACH, FL 32548	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	V/D SAME	☐ 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	S/D FRANCES I GAINES 300 YANCEY STREET FT WALTON BEACH FL 32547	☒ 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	V/D RONALD WEBB 936 LIDO CIRCLE W. NICEVILLE, FL 32578	☒ 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	T/D BRIAN MITCHELL 418 VERA STREET FT. WALTON BEACH FL 32547	☒ 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	S/D CHAMPEE, IEMP 609 GOLF COURSE DRIVE FT WALTON BEACH FL 32547	☒ 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 duly empowered.					
SIGNATURE: 			28 MAY 07 850-651-8416		

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