

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N34480

FILED
Apr 24, 2009
Secretary of State

Entity Name: THE REPUBLICAN CLUB OF OKALOOSA COUNTY, INC.

Current Principal Place of Business:

105 HOLLYWOOD BLVD W
FT WALTON BEACH, FL 32548 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 5084
FT WALTON BEACH, FL 32549 US

New Mailing Address:

FEI Number: 59-2870826

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BROWMANS, BRUCE J
34990 EMERALD COAST PKWY
SUITE 301
DESTIN, FL 32541 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: WEBB, RON
Address: 936 LIDO CIR
City-St-Zip: NICEVILLE, FL 32578

Title: V/D () Delete
Name: GLOVER, GLENDA
Address: 115 WAYNELL CIR
City-St-Zip: FORT WALTON BEACH, FL 32548

Title: S/D () Delete
Name: GAINES, FRANCES I
Address: 300 YANCEY STREET
City-St-Zip: FORT WALTON BEACH, FL 32547

Title: V/D () Delete
Name: FRANKS, BRIAN M
Address: 1057 EMERALD LN
City-St-Zip: FORT WALTON BEACH, FL 32548

Title: TD () Delete
Name: MITCHELL, BRIAN
Address: 418 VERB STREET
City-St-Zip: FORT WALTON BEACH, FL 32547

Title: S/D () Delete
Name: KEMP, CHAMPEE
Address: 609 GOLF COURSE DRIVE
City-St-Zip: FORT WALTON BEACH, FL 32547

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: FRANKS, BRIAN
Address: 1057 EMERALD LN
City-St-Zip: FORT WALTON BEACH, FL 32548

Title: V/D (X) Change () Addition
Name: WATSON, JEFF
Address: 14 LAKESHORE DR
City-St-Zip: SHALIMAR, FL 32579

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: V/D (X) Change () Addition
Name: FRANKS, LUOMA M
Address: 1057 EMERALD LN
City-St-Zip: FORT WALTON BEACH, FL 32548

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BRIAN E. MITCHELL

TD

04/24/2009

Electronic Signature of Signing Officer or Director

Date