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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B Mortham Secretary of State DIVISION OF CORPORATIONS

1996

DOCUMENT #
1. Corporation Name

N36109

(9)

OKALOOSA POLICY COUNCIL, INC.

Principal Place of Business 2101 NORTH PARTIN DRIVE C/O ROBERT L. GRETE NICEVILLE FL 32578 22. Principal Place of Business 23. Date Incorporated or Qualified 01/16/1990 24. Mailing Address 25. Certificate of Status Desired 27. City & State Mailing Address 2101 NORTH PARTIN DRIVE C/O ROBERT L. GRETE NICEVILLE FL 32578 3. Date Incorporated or Qualified 01/16/1990 3a. Date of Last Report 01/16/1990 Applied For Not Applicable Suite. Apt. #, etc. 26. Suite. Apt. #, etc. 27. Suite. Apt. #, etc. 28. City & State City & State 6. Election Campaign Financing \$5.00 May Be										
Copy State Copy State County C	Principal Place of Business Mailing Address						4 INDIVIDA DAN INID DIIDI HIDII DEHID H		JARFF BIRLI	OIDA BIDA ADB
2. Principal Pages of Eusiness 2a, Making Address 4. FEI Number 20/16/1995 26/20/1995	C/O ROBERT L. GRETE C/O ROBERT L. GRETI			L. GRETE						
Super April Part										
Superagraphic Superagraphi	2. Principal Pla	ice of Business	2a. Mailing Add	2a. Mailing Address						Applied For
City & State City	21					59-3862083				
20	22		27	27			5. Certificate of Status Desired			
Second State Second Address of Current Registered Agent 10. Name and Address of Name Registered Agent 10. Name	23	· · · · · · · · · · · · · · · · · · ·	28	28			, , , , , , , , , , , , , , , , , , ,			
Section Sect		<u> </u>	Zip		untry		· · · · · · · · · · · · · · · · · · ·	-		199.032,
Section Control Partin	24									
Section Section Sections		9. Name and Address of Curi	ent Hegistered Agent	<u> </u>	81	Namo	10. Name and Address of New He	gistered Aç	jent	
210 NORTH PARTIN DR. NICEVILLE FL 32578 B4 City FL 85 Zip Code PART City FL 85 Zip Code 11. Pursuant to the provisions of Sections 617 0502 and 617 1508. Piords Statutes the above named corporation submits this stalement for the purpose of changing its registered affect or repostered agent, or both, in the State of Florids Suck change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with an accept the obligations of, Section 617 0505, Florids Statutes SIGNATURE Signature Signature To Doth, in the State of Florids Suck change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with an accept the obligations of, Section 617 0505, Florids Statutes SIGNATURE Signature To Doth DELETE 11. Title D O DELETE 21. Title D O DELETE 21. Title D O DELETE 21. Title D O DELETE 31. Titl	ODETE I	00000 I			0,	Ivaille				
1. Pursuant to the provisions of Sections 617,0502 and 617,1508, Pordia Statutes the above named corporation submits this statement for the purpose of changing its registered office familiar with, and accept the obligations of. Section 617,0503, Findia Statutes the above named corporation submits this statement for the purpose of changing its registered office familiar with, and accept the obligations of. Section 617,0503, Findia Statutes. SIGNATURE	2101 NORTH PARTIN DR.					Street Addi	ess (P.O. Box Number is Not Acceptable)		
I. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-hamed corporation submits this statement for the purpose of changing its rejistence diffice or registered agent, or both, in the State of Florida Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am framition with, and accord the obligations of, Section 617.0503, Florida Statutes. SIGNATURE System, space or production of only-local space with a feet date. NOTE Registed Agent signature remarks after retribute. DATE	NICEVILL	E FL 32578			Ш					
1.1 Pursuant to the provisions of Sections 617 (502) and 617 (1502) End 617 (15					84	City		FL	85 Zip	p Code
12	or registers	ed agent, or both, in the State of Flo	orida. Such change was	authorized by the				ose of chang		
12.						· · · · · · · · · · · · · · · · · · ·				
THE						t signature required			MDECTO	SECTION OF
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NAME	-					1.54			Change	Addition
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FT. WALTON BCH FL	STREET ADDRESS			235		ADDRESS				
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Title	STREET ADDRESS			33		ADDRESS				
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CITY-ST-ZIP FT. WALTON BEACH FL 64 CITY-ST-ZIP										
			nd with this films is volum				or the exemption stated in Section 119.0	7(3)(k) Florid	la Statur	tes I further

certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6 Fe 6 96 (90.1) 678-9621

Date Daytime Phone *