

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

FILED

98 MAY 26 PM 4:04

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N36109 (9)

1. Corporation Name

OKALOOSA POLICY COUNCIL, INC.

Principal Place of Business

2101 NORTH PARTIN DRIVE  
C/O ROBERT L. GRETE  
NICEVILLE FL 32578

Mailing Address

2101 NORTH PARTIN DRIVE  
C/O ROBERT L. GRETE  
NICEVILLE FL 32578

3. Date Incorporated or Qualified

01/16/1990

4. FEI Number

59-3862083

Applied For  
Not Applicable

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

\$5.00 May Be  
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year intangible  
Personal Property Tax due June 30.

☐ Yes ☒ No

9. Name and Address of Current Registered Agent

GRETE, ROBERT L.  
2101 NORTH PARTIN DR.  
NICEVILLE FL 32578

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office 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 familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature of the principal officer or registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE  
NAME ALLEN, LARRY  
STREET ADDRESS 339 SHANNON CT.  
CITY-ST-ZIP FT. WALTON BCH FL

TITLE D ☐ DELETE  
NAME HORSLEY, CAROL  
STREET ADDRESS 595 FAIRWAY CT.  
CITY-ST-ZIP FT. WALTON BCH FL

TITLE D ☐ DELETE  
NAME HENDLER, PENN  
STREET ADDRESS 24 LAKEWOOD ST.  
CITY-ST-ZIP MARY ESTHER FL

TITLE D ☐ DELETE  
NAME GRETE, ROBERT L.  
STREET ADDRESS 1039 FOREST RD.  
CITY-ST-ZIP NICEVILLE FL

TITLE D ☐ DELETE  
NAME PHILLIPS, CAROLYN B  
STREET ADDRESS 122 RAINTREE BLVD  
CITY-ST-ZIP NICEVILLE FL

TITLE D ☐ DELETE  
NAME SANSOM, CHARLES  
STREET ADDRESS 206 SOUTH ST. NE  
CITY-ST-ZIP FT. WALTON BEACH FL

13. ADDITIONAL NAMES TO OFFICERS AND DIRECTORS

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP  
600002537366-7  
-05/27/98-01096-003  
\*\*\*\*122.50 \*\*\*\*\*61.25

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. 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 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:

Robert L. Grete

18 MAY 98 (850) 678-9621

CR2E037 (10/97)