


**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 15, 2004 08:00 AM
Secretary of State

DOCUMENT # N36109 1. Entity Name OKALOOSA POLICY COUNCIL, INC.	
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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
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02092004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3862083	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent GRETE, ROBERT L. 2101 NORTH PARTIN DR. NICEVILLE, FL 32578

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing ☐ \$5.00 May Be Added to Fees
Trust Fund Contribution.

U00000089280
03/15/04-80086-005 61.25

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALLEN, LARRY 607 BURGUNDY LANE FORT WALTON BEACH, FL 32547
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HORSLEY, CAROL 595 FAIRWAY CT. FORT WALTON BEACH, FL 32548
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HENDLER, PENN 23 PATTON DRIVE FORT WALTON BEACH, FL 32547
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GRETE, ROBERT L. 277 WAVA AVENUE NICEVILLE, FL 32578
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PHILLIPS, CAROLYN B 122 RAINTREE BLVD NICEVILLE, FL 32578
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SANSOM, CHARLES 206 SOUTH ST. NE FORT WALTON BEACH, FL 32547

**DO NOT WRITE
IN THIS SPACE**

12. 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Robert L. Grete 11 MAR 04 850-678-9621