2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2008
Secretary of State

DOCUMENT# N36109

Entity Name: OKALOOSA POLICY COUNCIL, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 59-3862083 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GRETE, ROBERT L DR
2101 NORTH PARTIN DR.
NICEVILLE, FL 32578 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:	D	( ) Delete
Name:	ALLEN, LARRY	
Address:	607 BURGUNDY LANE	
City-St-Zip:	FORT WALTON BEACH, FL 32547	
Title:	D	( ) Delete
Name:	HORSLEY, CAROL	
Address:	595 FAIRWAY CT.	
City-St-Zip:	FORT WALTON BEACH, FL 32548	
Title:	D	( ) Delete
Name:	HENDLER, PENN	
Address:	23 PATTON DRIVE	
City-St-Zip:	FORT WALTON BEACH, FL 32547	
Title:	D/CH	( ) Delete
Name:	GRETE, ROBERT L DR	
Address:	277 WAVA AVENUE	
City-St-Zip:	NICEVILLE, FL 32578	
Title:	D	( ) Delete
Name:	PHILLIPS, CAROLYN B	
Address:	122 RAINTREE BLVD	
City-St-Zip:	NICEVILLE, FL 32578	
Title:	D	( ) Delete
Name:	SANSOM, CHARLES PASTOR	
Address:	206 SOUTH ST. NE	
City-St-Zip:	FORT WALTON BEACH, FL 32547	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
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: DR ROBERT L GRETE D/CH 04/22/2008

Electronic Signature of Signing Officer or Director — Date