

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N36109

FILED
Mar 27, 2010
Secretary of State

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
Name: ALLEN, LARRY
Address: 607 BURGUNDY LANE
City-St-Zip: FORT WALTON BEACH, FL 32547

Title: D
Name: HORSLEY, CAROL GRETE
Address: 595 FAIRWAY CT.
City-St-Zip: FORT WALTON BEACH, FL 32548

Title: D/CH
Name: GRETE, ROBERT L DR
Address: 277 WAVA AVENUE
City-St-Zip: NICEVILLE, FL 32578

Title: D
Name: PHILLIPS, CAROLYN B
Address: 122 RAINTREE BLVD
City-St-Zip: NICEVILLE, FL 32578

Title: D
Name: SANSOM, CHARLES PASTOR
Address: 206 SOUTH ST. NE
City-St-Zip: FORT WALTON BEACH, FL 32547

I hereby 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 all other like empowered.

SIGNATURE: DR ROBERT L GRETE

CHMN

03/27/2010

_____ Electronic Signature of Signing Officer or Director

_____ Date