

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 10, 1999 8:00am
Secretary of State

02-10-1999 90027 019 *****61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N43336

1. Corporation Name

OKALOOSA COUNTY'S 100 CLUB, INC.

Principal Place of Business

906 NORTH TEXAS PARKWAY
CRESTVIEW FL 32536

Mailing Address

906 NORTH TEXAS PARKWAY
CRESTVIEW FL 32536



2. Principal Place of Business

21

Suite, Apt. #, etc.

2a. Mailing Address

26

Suite, Apt. #, etc.

3. Date Incorporated or Qualified

05/07/1991

4. FEI Number

NOT APPLICABLE

Applied For

☒ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

Trust Fund Contribution

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

BRYAN, W.C.
906 NORTH TEXAS PARKWAY
CRESTVIEW FL 32536

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME MIKA, JOHN P.
STREET ADDRESS 825 MAYO TRAIL
CITY-ST-ZIP CRESTVIEW FL

TITLE PD ☐ DELETE

NAME COBB, NEAL C.
STREET ADDRESS RT. 2 BOX 23 B
CITY-ST-ZIP BAKER FL

TITLE VD ☐ DELETE

NAME KIRKLAND, CARL W.
STREET ADDRESS 6038 BLUEBERRY LANE
CITY-ST-ZIP CRESTVIEW FL

TITLE STD ☐ DELETE

NAME BRYAN, W.C.
STREET ADDRESS 906 N. TEXAS PARKWAY
CITY-ST-ZIP CRESTVIEW FL

TITLE D ☐ DELETE

NAME HAYES, SAM
STREET ADDRESS 838 CONYERS
CITY-ST-ZIP CRESTVIEW FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE:

W. C. BRYAN SIGNATURE REQUIRED W. C. BRYAN 1-20-99 850-682-4260
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/98)