

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 02, 2005 8:00 am**  
**Secretary of State**

05-02-2005 90442 045 \*\*\*\*61.25

**DOCUMENT # N43336**

1. Entity 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

Neal C. Cobb

3. Mailing Address

Neal C. Cobb

Suite, Apt. #, etc.

1668 Cobb Rd

Suite, Apt. #, etc.

1668 Cobb Rd

City & State

Baker FL

City & State

Baker FL

Zip

32531

Country

Zip

32531

Country



1st MOORE

CR2E037 (10/04)

4. FEI Number

NO-T APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

COBB, NEAL C  
1668 COBB RD  
BAKER FL 32531

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

*Neal C. Cobb*

(NOTE: Registered Agent signature required when reinstating)

DATE

4-25-05

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

|                |                |                                 |
|----------------|----------------|---------------------------------|
| TITLE          | D              | <input type="checkbox"/> Delete |
| NAME           | MIKA, JOHN P.  |                                 |
| STREET ADDRESS | 825 MAYO TRAIL |                                 |
| CITY-ST-ZIP    | CRESTVIEW FL   |                                 |
| TITLE          | PD             | <input type="checkbox"/> Delete |
| NAME           | COBB, NEAL C.  |                                 |
| STREET ADDRESS | RT. 2 BOX 23 B |                                 |
| CITY-ST-ZIP    | BAKER FL       |                                 |
| TITLE          | D              | <input type="checkbox"/> Delete |
| NAME           | HAYES, SAM     |                                 |
| STREET ADDRESS | 838 CONYERS    |                                 |
| CITY-ST-ZIP    | CRESTVIEW FL   |                                 |
| TITLE          |                | <input type="checkbox"/> Delete |
| NAME           |                |                                 |
| STREET ADDRESS |                |                                 |
| CITY-ST-ZIP    |                |                                 |
| TITLE          |                | <input type="checkbox"/> Delete |
| NAME           |                |                                 |
| STREET ADDRESS |                |                                 |
| CITY-ST-ZIP    |                |                                 |
| TITLE          |                | <input type="checkbox"/> Delete |
| NAME           |                |                                 |
| STREET ADDRESS |                |                                 |
| CITY-ST-ZIP    |                |                                 |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

|                |   |
|----------------|---|
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |   |
| STREET ADDRESS |   |
| CITY-ST-ZIP    |   |
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |   |
| STREET ADDRESS |   |
| CITY-ST-ZIP    |   |
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |   |
| STREET ADDRESS |   |
| CITY-ST-ZIP    |   |
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |   |
| STREET ADDRESS |   |
| CITY-ST-ZIP    |   |
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |   |
| STREET ADDRESS |   |
| CITY-ST-ZIP    |   |

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:

*Neal C. Cobb*

Date

Daytime Phone #