

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 10 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONSDOCUMENT # N46833 (2)
1. Corporation Name
THE OKALOOSA COMMUNICATIONS FOUNDATION, INC.

Principal Place of Business

461 W SCHOOL AVE
CRESTVIEW FL 32536

Mailing Address

% JANEANE LANE
461 W. SCHOOL AVE.
CRESTVIEW FL 32536-44173. Date Incorporated or Qualified
01/14/19923a. Date of Last Report
01/31/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

4. FEI Number
59-3107431Applied For
Not Applicable

5. Certificate of Status Desired

☒\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution☐\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes☐ Yes ☐ No

9. Name and Address of Current Registered Agent

MCINNIS, C JEFFREY
909 MAR WALT DR
SUITE 1014
FT WALTON BEACH FL 32547

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]* NA

(NOTE: Registered Agent signature required when reinstating)

DATE

January 30, 1997

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE
NAME MORRISON, MABLE JEAN
STREET ADDRESS RT 1 BOX 308
CITY-ST-ZIP LAUREL HILL FLTITLE D ☒ DELETE
NAME BLUDWORTH, JOHN R JR
STREET ADDRESS 614 COUNTRY CLUB AVE
CITY-ST-ZIP FT WALTON BEACH FLTITLE D ☐ DELETE
NAME COTTON, CHARLA
STREET ADDRESS 111 POQUITO RD
CITY-ST-ZIP SHALIMAR FLTITLE D ☒ DELETE
NAME COVER, BERNADETTE
STREET ADDRESS 48 10TH ST
CITY-ST-ZIP SHALIMAR FLTITLE D ☐ DELETE
NAME LANE, JANEANE
STREET ADDRESS 632 BROOKHAVEN WAY
CITY-ST-ZIP NICEVILLE FLTITLE ☐ 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-ZIP2.1 TITLE D ☐ Change ☒ Addition
2.2 NAME DUTCH VAN BUSKIRK
2.3 STREET ADDRESS 4165 DOGWOOD LANE
2.4 CITY-ST-ZIP CRESTVIEW FL 325363.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP4.1 TITLE D ☐ Change ☒ Addition
4.2 NAME JACQUE HALE
4.3 STREET ADDRESS 619 CAMBRIDGE AVE
4.4 CITY-ST-ZIP FT WALTON BEACH FL 325485.1 TITLE D ☒ Change ☐ Addition
5.2 NAME JANEANE LANE
5.3 STREET ADDRESS 1610 MARIAH WAY E
5.4 CITY-ST-ZIP FT WALTON BEACH FL 325476.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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.

SIGNATURE:

[Signature]

Jan. 30 1997

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0073488

CR2E037 (9/96)