

**FILE NOW: FILING FEE IS \$61.25**

**FILED**

**Feb 10 1998 8:00am  
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N46833 (2)**  
1. Corporation Name  
**THE OKALOOSA COMMUNICATIONS FOUNDATION, INC.**

Principal Place of Business <b>461 W SCHOOL AVE CRESTVIEW FL 32536</b>	Mailing Address <b>% JANEANE LANE 461 W. SCHOOL AVE. CRESTVIEW FL 32536</b>
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3. Date Incorporated or Qualified  
**01/14/1992**

4. FEI Number  
**59-3107431**

Applied For	
Not Applicable	

2. Principal Place of Business <b>21</b>	2a. Mailing Address <b>26 % Diane Holman</b>
Suite, Apt. #, etc. <b>22</b>	Suite, Apt. #, etc. <b>27</b>
City & State <b>23</b>	City & State <b>28</b>
Zip <b>24</b>	Country <b>25</b>
	Zip <b>29</b>
	Country <b>30</b>

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?  
 Yes  No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  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

<b>81</b> Name	
<b>82</b> Street Address (P.O. Box Number is Not Acceptable)	
<b>83</b>	
<b>84</b> City	<b>FL</b>
<b>85</b> 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	1.1 TITLE	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>MORRISON, MABLE JEAN</b>	1.2 NAME	<b>Holman, Diane</b>
STREET ADDRESS	<b>RT 1 BOX 308</b>	1.3 STREET ADDRESS	<b>538 Nassua Drive</b>
CITY-ST-ZIP	<b>LAUREL HILL FL</b>	1.4 CITY-ST-ZIP	<b>Niceville, FL 32578</b>
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BUSKIRK, DUTCH VAN</b>	2.2 NAME	
STREET ADDRESS	<b>4185 DOGWOOD LANE</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>CRESTVIEW FL</b>	2.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>COTTON, CHARLA</b>	3.2 NAME	
STREET ADDRESS	<b>111 POQUITO RD</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>SHALIMAR FL</b>	3.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HALE, JACQUE</b>	4.2 NAME	
STREET ADDRESS	<b>619 CAMBRIDGE AVE</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>FT WALTON BCH FL</b>	4.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LANE, JANEANE</b>	5.2 NAME	
STREET ADDRESS	<b>1610 MARIAH WAY E</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>FT WALTON BCH FL</b>	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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.

**SIGNATURE:** *Mabel Jean Morrison* Mabel Jean Morrison 1/30/98 (850)833-6368

CR2E037 (1097)