

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # N46833

1. Corporation Name

THE OKALOOSA COMMUNICATIONS FOUNDATION, INC.

Principal Place of Business

461 W SCHOOL AVE
CRESTVIEW FL 32536

Mailing Address

C/O DIANE HOLMAN
461 W. SCHOOL AVE.
CRESTVIEW FL 32536
US

FILED
Mar 10, 1999 8:00 am
Secretary of State

03-10-1999 90106 006 ****70.00

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2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date incorporated or Qualified

01/14/1992

4. FEI Number

59-3107431

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

\$5.00 May Be
Added to Fees

10. Name and Address of New Registered Agent

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

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	<input type="checkbox"/> DELETE
NAME	MORRISON, MABLE JEAN	
STREET ADDRESS	RT 1 BOX 308	
CITY-ST-ZIP	LAUREL HILL FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	HOLMAN, DIANE	
STREET ADDRESS	538 NASSAU DRIVE	
CITY-ST-ZIP	NICEVILLE FL 32578	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	COTTON, CHARLA	
STREET ADDRESS	111 POQUITO RD	
CITY-ST-ZIP	SHALIMAR FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HALE, JACQUE	
STREET ADDRESS	619 CAMBRIDGE AVE	
CITY-ST-ZIP	FT WALTON BCH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LANE, JANEANE	
STREET ADDRESS	1610 MARIAH WAY E	
CITY-ST-ZIP	FT WALTON BCH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Secretary - S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Carolyn Commander	
1.3 STREET ADDRESS	1633 Valparaiso Blvd.	
1.4 CITY-ST-ZIP	Niceville FL 32578	
2.1 TITLE	Treasurer - T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Glenn Tripplett, OWCC	
2.3 STREET ADDRESS	100 E. College Blvd.	
2.4 CITY-ST-ZIP	Niceville, FL 32578	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	P HALE, Jacquelin	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	619 Cambridge Ave	
4.3 STREET ADDRESS	Ft Walton Bch FL	
4.4 CITY-ST-ZIP	32548	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/25/99 850-833-4318
Date Daytime Phone #

CR2E037 (1/198)