

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N46833

1. Entity Name

THE OKALOOSA COMMUNICATIONS FOUNDATION, INC.

FILED
Apr 25, 2000 8:00 am
Secretary of State

04-25-2000 90103 029 ****70.00

947601



DO NOT WRITE IN THIS SPACE

Principal Place of Business
461 W SCHOOL AVE
CRESTVIEW FL 32536

Mailing Address
C/O DIANE HOLMAN
461 W. SCHOOL AVE.
CRESTVIEW FL 32536-4417
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3107431**

Applied For ☐ Not Applicable

Zip Country

Zip Country

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

6. Name and Address of Current Registered Agent

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

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.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW:
FEE IS \$61.25

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

Make Check Payable to Department of State

10. 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	S	<input type="checkbox"/> Delete
NAME	COMMANDER, CAROLYN	
STREET ADDRESS	1633 VALPARISO BLVD.	
CITY-ST-ZIP	NICEVILLE FL 32578	
TITLE	T	<input type="checkbox"/> Delete
NAME	TRIPPLETT, GLENN OWEC	
STREET ADDRESS	100 E. COLLEGE BLVD.	
CITY-ST-ZIP	NICEVILLE FL 32578	
TITLE	P	<input type="checkbox"/> Delete
NAME	HALE, JACQUELIN	
STREET ADDRESS	619 CAMBRIDGE AVE	
CITY-ST-ZIP	FT WALTON BCH FL 32548	
TITLE	D	<input checked="" 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		

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: SIGNATURE REMOVED 04/18/2000 850-833-3658