

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N46833

1. Entity 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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3107431

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D MORRISON, MABLE JEAN  
RT 1 BOX 308  
LAUREL HILL FL

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
S COMMANDER, CAROLYN  
1633 VALPARISO BLVD.  
NICEVILLE FL 32578

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
T TRIPPLETT, GLENN OWEC  
100 E. COLLEGE BLVD.  
NICEVILLE FL 32578

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
P HALE, JACQUELIN  
619 CAMBRIDGE AVE  
FT WALTON BCH FL 32548

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D LANE, JANEANE  
1610 MARIAH WAY E  
FT WALTON BCH FL

☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Diane Kelley  
Rt. 1 Box 344  
Laurel Hill, 32567

☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/30/2001 850-833-3658

Date Daytime Phone #

FILED  
Feb 03, 2001 8:00 am  
Secretary of State

02-03-2001 90044 002 \*\*\*\*70.00

00012949



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)