

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 12, 2002 8:00 am
Secretary of State

08-12-2002 90012 021 ****61.25

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

Suite, Apt. #, etc.

120 Lowery Place

City & State

Fort Walton Beach, FL

Zip

32548

Country

US

3. Mailing Address

C/O Ray Sansom

Suite, Apt. #, etc.

120 Lowery Place

City & State

Fort Walton Beach, FL

Zip

32548

Country

US

4. FEI Number

59-3107431

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**After September 13, 2002,
 min. will be \$236.25.**

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	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S COMMANDER, CAROLYN 1633 VALPARISO BLVD. NICEVILLE FL 32578	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T TRIPPLETT, GLENN OWEC 100 E. COLLEGE BLVD. NICEVILLE FL 32578	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HALE, JACQUELIN 619 CAMBRIDGE AVE FT WALTON BCH FL 32548	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KELLEY, DIANE RT 1 BOX 344 LAUREL HILL FL 32567	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D Jacqueline Hale 619 Cambridge Avenue Fort Walton Beach, FL 32548	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/D Sheila Bishop 206 North Partin Drive Niceville, FL 32578	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/D Sylvia Bryan 100 College Blvd. Niceville, FL 32578	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Ray Sansom 120 Lowery Place Fort Walton Beach, FL 32548	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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 Ray Sansom

July 10, 2002/850-833-7614

CR2E037 (4/02)