


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 11, 2008 8:00 am
Secretary of State

02-11-2008 90050 010 ****61.25

DOCUMENT # N47392 1. Entity Name KREWE OF BOWLEGS OF OKALOOSA COUNTY, FLORIDA, INC.					
Principal Place of Business 20 ROBINWOOD DR FT WALTON BCH., FL 32548 US			Mailing Address P. O. BOX 1077 FT WALTON BEACH, FL 32549 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-3105561	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent SINER, HELEN 504 OAKLAND CIRCLE NW FORT WALTON BEACH, FL 32548				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				FL Zip Code	
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD GATES, MIKE 913 SUNSET BAY COURT SHALIMAR, FL 32579		TITLE NAME STREET ADDRESS CITY - ST - ZIP	P Brock Fisher 293 Shalimar Drive Shalimar, FL 32578	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD BRASSELL, TOM 230 YACHT CLUB DRIVE FORT WALTON BEACH, FL 32548		TITLE NAME STREET ADDRESS CITY - ST - ZIP	V Scott McCormick 320 Killarney RD Niceville, FL 32578	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD ROBERSON, JIM 9 POQUITO ROAD SHALIMAR, FL 32579		TITLE NAME STREET ADDRESS CITY - ST - ZIP	V Ken Watson 771 Blvd of Champions Shalimar, FL 32579	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD FLEISCHER, LES 17 BAYSHORE DRIVE SHALIMAR, FL 32579		TITLE NAME STREET ADDRESS CITY - ST - ZIP	T Gene Barker 908 Woodbriar Ct Fort Walton Beach, FL 32547	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD FISHER, BROCK 293 SHALIMAR DRIVE SHALIMAR, FL 32579		TITLE NAME STREET ADDRESS CITY - ST - ZIP	S Ron Goodfellow 258 Country Club Road Shalimar, FL 32579	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SINER, MARK 216 COUNTRY CLUB ROAD SHALIMAR, FL 32579		TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Bruce Marshall 2565 Palm Shores Drive Shalimar, FL 32579	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: _____			Brock Fisher		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		
Daytime Phone #			2-6-08 850-585-5304 Cell		