

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N47392

FILED
Feb 16, 2010
Secretary of State

Entity Name: KREWE OF BOWLEGS OF OKALOOSA COUNTY, FLORIDA, INC.

Current Principal Place of Business:

20 ROBINWOOD DR
FT WALTON BCH., FL 32548 US

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 1077
FT WALTON BEACH, FL 32549 US

New Mailing Address:

FEI Number: 59-3105561

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SPENCER, HELEN
304 OAKLAND CIRCLE NW
FORT WALTON BEACH, FL 32548 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: V
Name: POTTS, CHARLIE
Address: 345 SUDDUTH CIRCLE
City-St-Zip: FORT WALTON BEACH, FL 32548

Title: V
Name: WALLACE, MIKE
Address: 785 BLVD OF CHAMPIONS
City-St-Zip: SHALIMAR, FL 32579

Title: T
Name: CORBIN, ANDY
Address: 855 MASTERS BLVD
City-St-Zip: SHALIMAR, FL 32579

Title: S
Name: BALANT, MARK
Address: 113 SLEEPY OAKS ROAD, NW
City-St-Zip: FORT WALTON BEAC, FL 32548

Title: P
Name: MARSHALL, BRUCE
Address: 2565 PALM SHORES DRIVE
City-St-Zip: SHALIMAR, FL 32579

Title: D
Name: PERRY, TIM
Address: 2180 CHASE DRIVE
City-St-Zip: NICEVILLE, FL 32578

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: BRUCE MARSHALL

P

02/16/2010

Electronic Signature of Signing Officer or Director

Date