

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2005 08:00 AM
Secretary of State

DOCUMENT # N50880

1. Entity Name
NORTH OKALOOSA HISTORICAL ASSOCIATION, INC.



Principal Place of Business
13078 GEORGIA AVE
BAKER, FL 32531

Mailing Address
PO BOX 186
BAKER, FL 32531



03162005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3142296

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

LAUX, CAROLYNE
5946 BUCK WARD RD.
BAKER, FL 32531

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IN THIS SPACE**

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

(NOTE: Registered Agent signature required when reinstating)

3/17/05
DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CHESSHER, NATHAN 6250 WINSTEAD RD CRESTVIEW, FL 32539
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SPANN, ANN P.O. BOX 1525 CRESTVIEW, FL 325363
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WATKINS, REBECCA 5677 GERALD BROOKS KRD. BAKER, FL 32531
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BULGER, LARRY 1142 FARMER ST CRESTVIEW, FL 32539
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LAUX, CAROLYN 5946 BUCK WARD RD. BAKER, FL 32531
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FISHER, JIOE 5343 WALKER LN BAKER, FL 32531

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03/21/05-80031-001 61.25

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IN THIS SPACE**

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:

Ann Spann ANN SPANN 03/17/05 850 537 5714
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #