


2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90369 002 ****61.25

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		
2. Principal Place of Business 1307 - B Georgia Ave.		3. Mailing Address Suite, Apt. #, etc.			
City & State BAKER, FL		City & State			
Zip 32531		Country Okaloosa		4. FEI Number 59-3142296	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent LAUX, CAROLYN 5946 BUCK WARD RD. BAKER, FL 32531			7. Name and Address of New Registered Agent Name P-LARRY Bulger Street Address (P.O. Box Number is Not Acceptable) 1142 FARMER ST. City Crestview FL Zip Code 32539		
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 <u>Larry Bulger</u> DATE <u>04/14/2006</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small>					
Filing Fee is \$61.25 Due by May 1, 2006		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	VP CHESSHER, NATHAN 6250 WINSTEAD RD CRESTVIEW, FL 32539	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SPANN, ANN P.O. BOX 1525 CRESTVIEW, FL 325363	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WATKINS, REBECCA 5677 GERALD BROOKS KRD. BAKER, FL 32531	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BULGER, LARRY 1142 FARMER ST CRESTVIEW, FL 32539	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LAUX, CAROLYN 5946 BUCK WARD RD. BAKER, FL 32531	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FISHER, JOE 5343 WALKER LN BAKER, FL 32531	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Bulger LARRY 1142 FARMER ST Crestview FL 32539	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Lundy, Jimmy 1584 S. PEARL ST CRESTVIEW FL 32539	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
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: <u>Ann Spann</u> <u>Ann Spann</u> <u>04/14/06</u> <u>850 537 5714</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DAY</small>					

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