


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

Feb 01, 2007 08:00 AM
Secretary of State

DOCUMENT # N50880 1. Entity Name NORTH OKALOOSA HISTORICAL ASSOCIATION, INC.	
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Principal Place of Business 1307-B GEORGIA AVE BAKER, FL 32531	Mailing Address PO BOX 186 BAKER, FL 32531
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01042007 No Chg-NP CR2E037 (4/06)

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4. FEI Number 59-3142296	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent BULGER, P. LARRY 1142 FARMER ST CRESTVIEW, FL 32539
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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 Larry Bulger [Signature] 1/4/07
Signature, typed or printed name of registered agent and true if applicable. (NOTE: Registered Agent signature only for 1 when reinstating) DATE

Filing Fee is \$61.25
Due by May 1, 2007

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

000000617176
02/07/07-80064-017 61.25

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D 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	P BULGER, LARRY 1142 FARMER ST CRESTVIEW, FL 32539
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LUNDY, JIM 1584 S PENEL ST CRESTVIEW, FL 32539
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FISHER, JOE 5343 WALKER LN BAKER, FL 32531

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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: [Signature] Larry M. Bulger 1/4/07 850 902 2678
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #