


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 24, 2008 8:00 am**  
**Secretary of State**

04-24-2008 90104 050 \*\*\*\*61.25

<b>DOCUMENT # N50880</b> 1. Entity Name <b>NORTH OKALOOSA HISTORICAL ASSOCIATION, INC.</b>																																						
Principal Place of Business <b>1307-B GEORGIA AVE BAKER, FL 32531</b>			Mailing Address <b>PO BOX 186 BAKER, FL 32531</b>																																			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address																																				
Suite, Apt. #, etc.		Suite, Apt. #, etc.																																				
City & State		City & State		4. FEI Number <b>59-3142296</b>																																		
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>																																		
6. Name and Address of Current Registered Agent  <b>BULGER, P.LARRY 1142 FARMER ST. CRESTVIEW, FL 32539</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>																																		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>																																						
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>																																		
<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <b>10. OFFICERS AND DIRECTORS</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">D CHESSHER, NATHAN 6250 WINSTEAD RD CRESTVIEW, FL 32539</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>TITLE</td> <td>S SPANN, ANN P.O. BOX 1525 CRESTVIEW, FL 325363</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>TITLE</td> <td>T WATKINS, REBECCA 5677 GERALD BROOKS KRD. BAKER, FL 32531</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>TITLE</td> <td>P BULGER, LARRY 1142 FARMER ST CRESTVIEW, FL 32539</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>TITLE</td> <td>VP LUNDY, JIM 1584 S PENEL ST CRESTVIEW, FL 32539</td> <td style="text-align: right;"><input checked="" type="checkbox"/> Delete</td> </tr> <tr> <td>TITLE</td> <td>D FISHER, JOE 5343 WALKER LN BAKER, FL 32531</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> </table> </div> <div style="width: 48%;"> <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">D CHAMPION, JERRY 4627 SEIGLER ST. HOAT, FL. 32564</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</td> </tr> <tr> <td>TITLE</td> <td>D SNEEDON, RUSSELL 6393 W. HWY. 4 BAKER, FL. 32531</td> <td style="text-align: right;"><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</td> </tr> <tr> <td>TITLE</td> <td>D CADENHARD, JULIA 1249 MAPLES ST. CRESTVIEW, FL. 32536</td> <td style="text-align: right;"><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</td> </tr> <tr> <td>TITLE</td> <td>VP HALL, DANNY 4377 SPENCER COURT PACE, FL. 32571</td> <td style="text-align: right;"><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</td> </tr> <tr> <td>TITLE</td> <td>NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> </table> </div> </div>						TITLE	D CHESSHER, NATHAN 6250 WINSTEAD RD CRESTVIEW, FL 32539	<input type="checkbox"/> Delete	TITLE	S SPANN, ANN P.O. BOX 1525 CRESTVIEW, FL 325363	<input type="checkbox"/> Delete	TITLE	T WATKINS, REBECCA 5677 GERALD BROOKS KRD. BAKER, FL 32531	<input type="checkbox"/> Delete	TITLE	P BULGER, LARRY 1142 FARMER ST CRESTVIEW, FL 32539	<input type="checkbox"/> Delete	TITLE	VP LUNDY, JIM 1584 S PENEL ST CRESTVIEW, FL 32539	<input checked="" type="checkbox"/> Delete	TITLE	D FISHER, JOE 5343 WALKER LN BAKER, FL 32531	<input type="checkbox"/> Delete	TITLE	D CHAMPION, JERRY 4627 SEIGLER ST. HOAT, FL. 32564	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	TITLE	D SNEEDON, RUSSELL 6393 W. HWY. 4 BAKER, FL. 32531	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	TITLE	D CADENHARD, JULIA 1249 MAPLES ST. CRESTVIEW, FL. 32536	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	TITLE	VP HALL, DANNY 4377 SPENCER COURT PACE, FL. 32571	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	TITLE	NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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.																																						
<b>SIGNATURE:</b> _____ <i>[Signature]</i> <span style="float: right;">4/19/08 850-537-5714</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																																						