

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N50880

FILED  
Mar 31, 2009  
Secretary of State

**Entity Name:** NORTH OKALOOSA HISTORICAL ASSOCIATION, INC.

**Current Principal Place of Business:**

1307-B GEORGIA AVE  
BAKER, FL 32531

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 186  
BAKER, FL 32531

**New Mailing Address:**

**FEI Number:** 59-3142296

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BULGER, P.LARRY  
1142 FARMER ST  
CRESTVIEW, FL 32539 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: D ( ) Delete  
Name: CHESSHER, NATHAN  
Address: 6250 WINSTEAD RD  
City-St-Zip: CRESTVIEW, FL 32539

Title: S ( ) Delete  
Name: SPANN, ANN  
Address: P.O. BOX 1525  
City-St-Zip: CRESTVIEW, FL 325363

Title: T ( ) Delete  
Name: WATKINS, REBECCA  
Address: 5677 GERALD BROOKS KRD.  
City-St-Zip: BAKER, FL 32531

Title: P ( ) Delete  
Name: BULGER, LARRY  
Address: 1142 FARMER ST  
City-St-Zip: CRESTVIEW, FL 32539

Title: VP ( ) Delete  
Name: HALL, DANNY  
Address: 4377 SPENCER COURT  
City-St-Zip: PACE, FL 32571

Title: D ( ) Delete  
Name: FISHER, JOE  
Address: 5343 WALKER LN  
City-St-Zip: BAKER, FL 32531

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: KEN BEHRING

ACCT

03/31/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date