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NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

Feb 09 1996 8:00 am
Secretary of State

DOCUMENT # N92000000669 (3)

1. Corporation Name

NORTH OKALOOSA ARC, INC.



Principal Place of Business

408 W. JAMES LEE BLVD.
CRESTVIEW FL 32536

Mailing Address

408 W. JAMES LEE BLVD.
CRESTVIEW FL 32536

3. Date Incorporated or Qualified
12/09/1992

3a. Date of Last Report
02/02/1995

2. Principal Place of Business

21

2a. Mailing Address

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WANDA J. FOGLE
5407 CONSTITUTION RD.
CRESTVIEW FL 32539

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input type="checkbox"/> DELETE
NAME	FOGLE, WANDA J	
STREET ADDRESS	5407 CONSTITUTION RD	
CITY - ST - ZIP	CRESTVIEW FL 32539	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	WISE, JESSIE F	
STREET ADDRESS	4584 RAINBIRD RISE	
CITY - ST - ZIP	CRESTVIEW FL 32539	
TITLE	TR	<input type="checkbox"/> DELETE
NAME	CALHOUN, BERNICE H	
STREET ADDRESS	6086 LALE ELLA	
CITY - ST - ZIP	CRESTVIEW FL 32539	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	GALLION, RICHARD	
STREET ADDRESS	409 NORTH AVE	
CITY - ST - ZIP	CRESTVIEW FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	WISE, SUSAN K
4.3 STREET ADDRESS	4584 Rainbird Rise
4.4 CITY - ST - ZIP	Crestview FL 32539
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Wanda J Fogle Wanda J Fogle 02/06/96 904-689-3669

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)