

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N93000000356

**FILED**  
**Mar 23, 2004**  
**Secretary of State****Entity Name:** OKALOOSA COMMUNITY DEVELOPMENT CORPORATION**Current Principal Place of Business:**1170 MARTIN LUTHER KING BLVD.  
ROOM 702  
FORT WALTON BEACH, FL 32547 US**New Principal Place of Business:****Current Mailing Address:**P.O. BOX 2707  
FT WALTON BEACH, FL 32549 US**New Mailing Address:****FEI Number:** 59-3165895**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**SUNNARBORG, PATTI  
1170 MARTIN LUTHER KING JR. BLVD.  
BUILDING 7, #702  
FT. WALTON BEACH, FL 32547**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:** PD ( ) Delete  
**Name:** MCMORROW, GARY  
**Address:** 604 WEST US 90  
**City-St-Zip:** CRESTVIEW, FL 32536**Title:** VPD ( ) Delete  
**Name:** MCGAUGHY, TAMMY  
**Address:** 45 BEAL PKWY  
**City-St-Zip:** FORT WALTON BEACH, FL 32547**Title:** TD ( ) Delete  
**Name:** KENT, MIKE  
**Address:** 348 MIRACLE STRIP  
**City-St-Zip:** FORT WALTON BEACH, FL 32548**Title:** SD ( ) Delete  
**Name:** LAPEE, KEN  
**Address:** 1250 N EGLIN  
**City-St-Zip:** FORT WALTON BEACH, FL 32548**Title:** DD ( ) Delete  
**Name:** SMITH, NATE  
**Address:** PO DRAWER 4550  
**City-St-Zip:** FORT WALTON BEACH, FL 32549**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** PD (X) Change ( ) Addition  
**Name:** MCMAUGHY, TAMMY  
**Address:** 45 BEAL PARKWAY  
**City-St-Zip:** FORT WALTON BEACH, FL 32457**Title:** VPD (X) Change ( ) Addition  
**Name:** LAPEE, KEN  
**Address:** 1250 N. EGLIN PARKWAY  
**City-St-Zip:** SHALIMAR, FL 32579**Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:****Title:** SD (X) Change ( ) Addition  
**Name:** ROGERS, LIBBY  
**Address:** 244 NE RACETRACK ROAD  
**City-St-Zip:** FORT WALTON BEACH, FL 32547**Title:** DD (X) Change ( ) Addition  
**Name:** MCMORROW, GARY  
**Address:** 604 WEST HWY 90  
**City-St-Zip:** CRESTVIEW, FL 32536

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: TAMMY MCGAUGHY

PD

03/23/2004

Electronic Signature of Signing Officer or Director

Date