2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 08, 2007
Secretary of State

DOCUMENT# N93000000356

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:

204 CLOVERDALE BLVD
FORT WALTON BEACH, FL 32547 US

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 US

Name and Address of New Registered Agent:

SUNNARBORG, PATTI F D
204 CLOVERDALE BLVD.
FT. WALTON BEACH, FL 32547 US

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: PATTI SUNNARBORG 01/08/2007
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: C ( ) Delete
Name: MCCORMICK, SCOTT
Address: POB 4400
City-St-Zip: FORT WALTON BEACH, FL 32549

Title: TR ( ) Delete
Name: KENT, MIKE
Address: 205 BROOKS ST. SE, SUITE 201
City-St-Zip: FT WALTON BEACH, FL 32548

Title: S ( ) Delete
Name: SAYER, ROBERT
Address: 412 MARY ESTHER CUTOFF
City-St-Zip: FORT WALTON BEACH, FL 32548

Title: CE ( ) Delete
Name: MCGAUGHY, TAMMY
Address: 45 NE BEAL PKWY
City-St-Zip: FORT WALTON BEACH, FL 32548

Title: DD (X) Delete
Name: MCMORROW, GARY
Address: 604 WEST HWY 90
City-St-Zip: CRESTVIEW, FL 32536

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: C (X) Change ( ) Addition
Name: MCGAUGHY, TAMMY
Address: 45 BEAL PKWY
City-St-Zip: FORT WALTON BEACH, FL 32548

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

Title: S (X) Change ( ) Addition
Name: SMITH, NATE
Address: PO DRAWER 4550
City-St-Zip: FORT WALTON BEACH, FL 32549

Title: CE (X) Change ( ) Addition
Name: MCMORROW, GARY
Address: 604 WEST US 90
City-St-Zip: CRESTVIEW, FL 32536

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

I hereby certify that the information supplied with this filing does not qualify for the 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: PATTI SUNNARBORG D 01/08/2007
Electronic Signature of Signing Officer or Director Date