

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000000356

FILED  
Jan 08, 2008  
Secretary of State

Entity Name: OKALOOSA COMMUNITY DEVELOPMENT CORPORATION

**Current Principal Place of Business:**

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

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

SUNNARBORG, PATTI  
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

01/08/2008

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

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

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: SMITH, NATE  
Address: PO DRAWER 4550  
City-St-Zip: FORT WALTON BEACH, FL 32549

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

**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:

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: PATTI SUNNARBORG

DIR

01/08/2008

Electronic Signature of Signing Officer or Director

Date