

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # N93000005572 (3)**

1. Corporation Name

**OKALOOSA COUNTY AFRICAN-AMERICAN CULTURAL ASSOCIATION, INC (OCAACA)**



Principal Place of Business

**CHESTER PRUITT CENTER  
15 CARSON DR  
FT. WALTON BEACH FL 32548  
US**

Mailing Address

**PO BOX 2  
FT. WALTON BEACH FL 32549  
US**

3. Date Incorporated or Qualified  
**12/10/1993**

3a. Date of Last Report  
**05/01/1995**

2. Principal Place of Business

2a. Mailing Address

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4. FEI Number  
**59-3240068**

Applied For  
Not Applicable

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5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

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6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

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8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SANFORD, JEAN L  
87-12TH ST  
SHALIMAR FL 32579**

*Tanya Y. Robinson  
1642 N. Campbell Dr  
FWB FL 32547*

81

Name *Tanya Y. Robinson*

82

Street Address (P.O. Box Number Is Not Acceptable)

*1642 N. Campbell Dr*

83

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City *FWB*

FL

85 Zip Code *32547*

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

*Tanya Y. Robinson*

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE  
NAME **PD ROBINSON, TANYA**  
STREET ADDRESS **1642 N. CAMPBELL DR.**  
CITY - ST - ZIP **FT. WALTON BEACH FL**

1.1 TITLE ☒ Change ☐ Addition  
1.2 NAME **President D**  
1.3 STREET ADDRESS **Kenneth G. McNeil**  
1.4 CITY - ST - ZIP **200 White St. #3**  
**Niceville, FL 32578**

TITLE ☐ DELETE  
NAME **VD KELLEY, LEROY**  
STREET ADDRESS **174 MARCIA DRIVE**  
CITY - ST - ZIP **MARY ESTHER FL**

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY - ST - ZIP

TITLE ☐ DELETE  
NAME **SD SEABROOKS, MICHELLE**  
STREET ADDRESS **310A CLIFFORD ST**  
CITY - ST - ZIP **FT. WALTON BEACH FL**

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY - ST - ZIP

TITLE ☐ DELETE  
NAME **TT FLORENCE, MARY**  
STREET ADDRESS **406 RUE DES TOURS**  
CITY - ST - ZIP **MARY ESTHER FL**

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY - ST - ZIP

TITLE ☒ DELETE  
NAME **ATT SANFORD, JEAN LAVINE**  
STREET ADDRESS **87-12TH ST.**  
CITY - ST - ZIP **SHALIMAR FL 32579**

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY - ST - ZIP

TITLE ☐ DELETE  
NAME **D**  
STREET ADDRESS **TANYA Y. Robinson**  
CITY - ST - ZIP **1642 N. Campbell Dr**  
**FWB FL 32547**

6.1 TITLE ☒ Change ☐ 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: *Kenneth G. McNeil* **Kenneth G. McNeil, 27 Jan 96 904-678-8398**

CR2E037 (12/95)