

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 26, 2005 08:00 AM
Secretary of State

DOCUMENT # N95000000872

1. Entity Name
THE OKALOOSA PUBLIC SCHOOLS FOUNDATION, INC.



Principal Place of Business
**909 MAR WALT DR
SUITE 1014
FT WALTON BEACH, FL 32547**

Mailing Address
**909 MAR WALT DR
SUITE 1014
FT WALTON BEACH, FL 32547**



01062005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3295821

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**MCINNIS, C. JEFFREY
909 MAR WALT DR
SUITE 1014
FT WALTON BEACH, FL 32547**

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	FREEMAN, YVONNE
STREET ADDRESS	252 LEANING PINES LOOP
CITY-ST-ZIP	DESTIN, FL 32541
TITLE	VPD
NAME	BURKETT, LISA
STREET ADDRESS	235 YACHT CLUB DRIVE
CITY-ST-ZIP	FORT WALTON BEACH, FL 32548
TITLE	SD
NAME	JOHNSON, JAMES
STREET ADDRESS	45 MARLBOROUGH ROAD
CITY-ST-ZIP	SHALIMAR, FL 32579
TITLE	MD
NAME	SANSOM, RAY
STREET ADDRESS	120 LOWERY PLACE S E
CITY-ST-ZIP	FORT WALTON BEACH, FL 32548
TITLE	TD
NAME	WILSON, CALVIN W II
STREET ADDRESS	140 HOLLYWOOD BLVD. SW
CITY-ST-ZIP	FORT WALTON BEACH, FL 32548
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

1000000197876
01/27/05-80030-011 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/14/05

850-833-7614