

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2008 8:00 am
Secretary of State

05-05-2008 90234 036 ****61.25

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**

40050000



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01092008 Chg-NP CR2E037 (12/06)

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**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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 reconstituting)

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete
NAME **FREEMAN, YVONNE**
STREET ADDRESS **252 LEANING PINES LOOP**
CITY-ST-ZIP **DESTIN, FL 32541**

TITLE **VPD** ☐ Delete
NAME **BURKETT, LISA**
STREET ADDRESS **235 YACHT CLUB DRIVE**
CITY-ST-ZIP **FORT WALTON BEACH, FL 32548**

TITLE **SD** ☐ Delete
NAME **ANDERSON, MICHAEL**
STREET ADDRESS **8 CARLYLE CT**
CITY-ST-ZIP **FORT WALTON BEACH, FL 32547**

TITLE **MD** ☐ Delete
NAME **MCKINLEY, KAYE**
STREET ADDRESS **120 LOWERY PLACE S E**
CITY-ST-ZIP **FORT WALTON BEACH, FL 32548**

TITLE **TD** ☐ Delete
NAME **BRAITHWAITE, DAVID**
STREET ADDRESS **508 EAST HWY 98**
CITY-ST-ZIP **DESTIN, FL 32541**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **President** ☒ Change ☐ Addition
NAME **Lisa Burkett**
STREET ADDRESS **235 Yacht Club Drive**
CITY-ST-ZIP **Fort Walton Beach, FL 32548**

TITLE **Vice President** ☒ Change ☐ Addition
NAME **David Braithwaite**
STREET ADDRESS **508 E. Highway 98**
CITY-ST-ZIP **Destin, FL 32541**

TITLE **Secretary** ☒ Change ☐ Addition
NAME **Sheila Bishop**
STREET ADDRESS **206 Partin Drive**
CITY-ST-ZIP **Niceville, FL 32578**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **Treasurer** ☒ Change ☐ Addition
NAME **Mike Anderson**
STREET ADDRESS **8 Carlyle Court**
CITY-ST-ZIP **Fort Walton Beach, FL 32547**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Kaye McKinley Kaye McKinley

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/08

Date

850-833-5888

Daytime Phone #