

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000000872

FILED
Jan 07, 2009
Secretary of State

Entity Name: THE OKALOOSA PUBLIC SCHOOLS FOUNDATION, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 59-3295821

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: BURKETT, LISA
Address: 235 YACHT CLUB DRIVE
City-St-Zip: FORT WALTON BEACH, FL 32548

Title: VP () Delete
Name: BRAITHWAITE, DAVID
Address: 508 E. HIGHWAY 98
City-St-Zip: DESTIN, FL 32541

Title: S () Delete
Name: BISHOP, SHELLA
Address: 206 PARTIN DRIVE
City-St-Zip: NICEVILLE, FL 32578

Title: MD () Delete
Name: MCKINLEY, KAYE
Address: 120 LOWERY PLACE S E
City-St-Zip: FORT WALTON BEACH, FL 32548

Title: TD () Delete
Name: BRAITHWAITE, DAVID
Address: 508 EAST HWY 98
City-St-Zip: DESTIN, FL 32541

Title: T () Delete
Name: ANDERSON, MIKE
Address: 8 CARLYLE COURT
City-St-Zip: FORT WALTON BEACH, FL 32547

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: ED (X) Change () Addition
Name: MCKINLEY, KAYE
Address: 120 LOWERY PLACE S E
City-St-Zip: FORT WALTON BEACH, FL 32548

Title: PP (X) Change () Addition
Name: FREEMAN, YVONNE
Address: 4062 DRIFTING SAND TRAIL
City-St-Zip: DESTIN, FL 32541

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: KAYE MCKINLEY

ED

01/07/2009

Electronic Signature of Signing Officer or Director

Date