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FILED  
Apr 10 1997 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # **N95000001309 (2)**

1. Corporation Name

**OKALOOSA RELEASED TIME, INC.**

Principal Place of Business

**5830 S WILLOW LANE  
CRESTVIEW FL 32539**

Mailing Address

**PO BOX 1606  
CRESTVIEW FL 32536-7606  
US**



3. Date Incorporated or Qualified  
**03/17/1995**

3a. Date of Last Report  
**04/04/1996**

2. Principal Place of Business

**21**  
Suite, Apt. #, etc.

**22**  
City & State

**23**  
Zip

**25**  
Country

2a. Mailing Address

**26**  
Suite, Apt. #, etc.

**27**  
City & State

**28**  
Zip

**30**  
Country

4. FEI Number  
**59-3322479**

Applied For  
☐ Not Applicable

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

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

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

9. Name and Address of Current Registered Agent

**EVERAGE, JERRY  
8166 FIRST ST PO BOX 43  
LAUREL HILL FL 32567**

10. Name and Address of New Registered Agent

**81** Name

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

**83**

**84** City

**FL**

**85** Zip Code

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 *Jerry Everage* **JERRY EVERAGE**

(NOTE: Registered Agent signature required when reinstating)

**APRIL 1, 1997**  
DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE  
NAME **CHENEY, PHYLLIS**  
STREET ADDRESS **5830 S WILLOW LANE**  
CITY-ST-ZIP **CRESTVIEW FL 32539**

TITLE **D** ☐ DELETE  
NAME **CHENEY, MIKE**  
STREET ADDRESS **5830 S WILLOW LANE**  
CITY-ST-ZIP **CRESTVIEW FL 32539**

TITLE **D** ☐ DELETE  
NAME **EVERAGE, JERRY**  
STREET ADDRESS **8166 FIRST ST**  
CITY-ST-ZIP **LAUREL HILL FL 32567**

TITLE **D** ☐ DELETE  
NAME **STRICKLAND, EUGENE**  
STREET ADDRESS **101 NAVAJO TRACE**  
CITY-ST-ZIP **CRESTVIEW FL 32536**

TITLE **D** ☐ DELETE  
NAME **VANZANDT, DAVID**  
STREET ADDRESS **5882 MCCALLUM ROAD**  
CITY-ST-ZIP **CRESTVIEW FL 32539**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

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

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

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

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

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 does not qualify for the exemption stated in Section 119.07(3)(i), 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 *Jerry Everage* **JERRY EVERAGE**

**APRIL 1, 1997 904-452-4786**

CR2E037 (9/96)