

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000004031

FILED  
Jan 25, 2006  
Secretary of State

Entity Name: OKALOOSA-WALTON JOBS AND EDUCATION PARTNERSHIP, INC.

## Current Principal Place of Business:

109 8TH AVE  
SHALIMAR, FL 32579

## New Principal Place of Business:

## Current Mailing Address:

109 8TH AVE  
SHALIMAR, FL 32579

## New Mailing Address:

FEI Number: 59-3400826

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

MILLER, JERRY  
415 MOUNTAIN DR  
DESTIN, FL 32341 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: D ( ) Delete  
Name: CUMMINS, MARJORIE  
Address: 36474 EMERALD COAST PKWY  
City-St-Zip: DESTIN, FL 32541

Title: D ( ) Delete  
Name: HANKS, SILVIA  
Address: 9300 HIGHWAY 98 W.  
City-St-Zip: DESTIN, FL 32550

Title: D ( ) Delete  
Name: DOBSON, ROBERT  
Address: 1226 CIRCLE DRIVE  
City-St-Zip: DEFUNIAK SPRINGS, FL 32433

Title: D ( ) Delete  
Name: MILLER, DAVID  
Address: 123 TRUXYON AVENUE  
City-St-Zip: FORT WALTON BEACH, FL 32547

Title: D (X) Delete  
Name: BYRNE-RILEY, JUDY  
Address: P.O. BOX 8  
City-St-Zip: VALPARAISO, FL 32580

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition  
Name: CARSWELL, EARNESTINE  
Address: 105 B LEWIS STREET  
City-St-Zip: FORT WALTON BESCH, FL 32547 US

Title: D (X) Change ( ) Addition  
Name: HANKS, SYLVIA  
Address: 9300 HIGHWAY 98 W.  
City-St-Zip: DESTIN, FL 32550 US

Title: D (X) Change ( ) Addition  
Name: DOBSON, ROBERT  
Address: 1226 CIRCLE DRIVE  
City-St-Zip: DEFUNIAK SPRINGS, FL 32433 US

Title: D (X) Change ( ) Addition  
Name: MILLER, DAVID  
Address: 123 TRUXYON AVENUE  
City-St-Zip: FORT WALTON BEACH, FL 32547 UD

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: CYNTHIA CRITCHER

TR

01/25/2006

Electronic Signature of Signing Officer or Director

Date