2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 14, 2007
Secretary of State

DOCUMENT# N96000004031

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: CARSWELL, EARNESTINE
Address: 105 B LEWIS STREET
City-St-Zip: FORT WALTON BESCH, FL 32547 US

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

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: MILLER, MARTHA
Address: 23 S. JOHN SIMS PARKWAY
City-St-Zip: VALPARAISO, FL 32580 US

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

Title: D (X) Change ( ) Addition
Name: WARD, AL
Address: 4509 HWY 83
City-St-Zip: DEFUNIAK SPRINGS, FL 32433 US

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: MARY LOU REED O 03/14/2007

Electronic Signature of Signing Officer or Director — Date