

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 21, 2008 08:00 AM
Secretary of State

DOCUMENT # N96000005717

1. Entity Name
OKALOOSA ACADEMY, INCORPORATED



Principal Place of Business

**1982 LEWIS TURNER BLVD
STE C
FORT WALTON BEACH, FL 32547 US**

Mailing Address

**1982 LEWIS TURNER BLVD
STE C
FORT WALTON BEACH, FL 32547 US**



04142008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3401752

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**WITTWER, FRANK
8690 SCENIC HILLS DR
PENSACOLA, FL 32514**

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IN THIS SPACE**

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 reinstating)

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

U000000913135
05/08/08-80004-004 61.25

10. OFFICERS AND DIRECTORS

TITLE	CD
NAME	WHITE, JERRY
STREET ADDRESS	2833 COLLINSWORTH ROAD
CITY-STATE-ZIP	WESTVILLE, FL 32464
TITLE	SD
NAME	KENASTON, NANCY
STREET ADDRESS	24 NEPTUNE DRIVE
CITY-STATE-ZIP	MARY ESTHER, FL 32569
TITLE	D
NAME	BEDSOLE, GLEN
STREET ADDRESS	906 ALOMA FAYE LANE
CITY-STATE-ZIP	FORT WALTON BEACH, FL 32547
TITLE	D
NAME	HUDDLESTON, WILLIAM DEWEY
STREET ADDRESS	11 SE ANASTASIA DRIVE
CITY-STATE-ZIP	FORT WALTON BEACH, FL 32548
TITLE	D
NAME	FOUNTAIN, DON
STREET ADDRESS	PO BOX 546
CITY-STATE-ZIP	CRESTVIEW, FL 32539
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

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IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #