

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000005717

FILED  
Apr 06, 2009  
Secretary of State

Entity Name: OKALOOSA ACADEMY, INCORPORATED

## Current Principal Place of Business:

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

## New Principal Place of Business:

## Current Mailing Address:

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

## New Mailing Address:

FEI Number: 59-3401752      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

WITTWER, FRANK  
8690 SCENIC HILLS DR  
PENSACOLA, FL 32514 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: CD ( ) Delete  
Name: WHITE, JERRY  
Address: 2833 COLLINSWORTH ROAD  
City-St-Zip: WESTVILLE, FL 32464

Title: SD ( ) Delete  
Name: KENASTON, NANCY  
Address: 24 NEPTUNE DRIVE  
City-St-Zip: MARY ESTHER, FL 32569

Title: D ( ) Delete  
Name: BEDSOLE, GLEN  
Address: 906 ALOMA FAYE LANE  
City-St-Zip: FORT WALTON BEACH, FL 32547

Title: D ( ) Delete  
Name: HUDDLESTON, WILLIAM DEWEY  
Address: 11 SE ANASTASIA DRIVE  
City-St-Zip: FORT WALTON BEACH, FL 32548

Title: D (X) Delete  
Name: FOUNTAIN, DON  
Address: PO BOX 546  
City-St-Zip: CRESTVIEW, FL 32539

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CD (X) Change ( ) Addition  
Name: WITTWER, FRANK DR  
Address: 8690 SCENIC HILLS DRIVE  
City-St-Zip: PENSACOLA, FL 32514

Title: D (X) Change ( ) Addition  
Name: SEMENOV, AMY  
Address: 1704 19TH STREET  
City-St-Zip: NICEVILLE, FL 32578

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

Title: D (X) Change ( ) Addition  
Name: EDDINS, WILLIAM  
Address: 301 RALPH LONG ROAD  
City-St-Zip: DEFUNIAK SPRINGS, FL 32433

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: DR. FRANK WITTWER

CD

04/06/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date