

FILE NOW: FILING FEE IS \$61.25

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May 08 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N97000002429 (5)

1. Corporation Name
OKALOOSA CHAMBER SINGERS, INC.



Principal Place of Business 909 MAR WALT DR SUITE 1014 FT WALTON BEACH FL 32547-6711	Mailing Address 909 MAR WALT DR SUITE 1014 FT WALTON BEACH FL 32547-6711
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3. Date Incorporated or Qualified
04/30/1997

4. FEI Number
31-1575269

Applied For	<input type="checkbox"/>
Not Applicable	<input checked="" type="checkbox"/>

2. Principal Place of Business 21 712 Mars Street Suite, Apt. #, etc.	2a. Mailing Address 26 712 Mars Street Suite, Apt. #, etc.
City & State 23 Destin, FL	City & State 27 Destin, FL
Zip 24 32541	Country 25 Okaloosa
Zip 28 32541	Country 29 Okaloosa

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

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

7. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.
 Yes No

9. Name and Address of Current Registered Agent
**MCINNIS, C. JEFFREY
 909 MAR WALT DR
 SUITE 1014
 FT WALTON BEACH FL 32547-6711**

10. Name and Address of New Registered Agent

81 Name Jeanne C. Bowes
82 Street Address (P.O. Box Number is Not Acceptable) 712 Mars Street
83
84 City Destin
85 Zip Code FL 32541

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 Jeanne C. Bowes **Jeanne C. Bowes, Treasurer** **4/27/98**
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when required) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ACOSTA, LARANE 1729 LILA BERRY LN NICEVILLE FL 32578	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BIEHLE, GRETCHEN 888 THE MASTERS BLVD SHALMAR FL 32579	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LINDHORST, MICHAEL D 345 CHERIE CT NW FT WALTON BEACH FL 32548	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D OVERTURF, MARILYN 349 POWELL DR CRESTVIEW FL 32538	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I 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: Jeanne C. Bowes **4/27/98** **850-837-9640**
Signature typed or printed name of signing officer or director Date Daytime Phone # 00000000

CR2E037 (10/97)