NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

N97000002429 DOCUMENT

OKALOOSA CHAMBER SINGERS, INC.

Princ	cipal P	lace	of	Busine
712	MARS	STR	EE	T

Mailing Address

DESTIN FL 32541

712 MARS STREET DESTIN FL 32541

FILED Feb 03, 1999 8:00am **Secretary of State**

02-03-1999 90009 050 ****61.25



2. Princip	al Place of Business	-	. Mailing Address				13	 Date Incorporated or Quality 04/30/1997 	ualifed		
21		26					-+	4. FEI Number		Ar	plied For
Suite, Apt. #, etc.			Suite, Apt. #, etc.			١.	31-1575269			ot Applicable	
22		27						31 13/3200			Additional
City & State City & State			City & State					Certifcate of Status Des		Fee Required	
23 28					Country 6. Election Campaign Financing				May Be		
Zip	Country	<u> </u>	Zip		untry		'	6. Election Campaign Fina	1	•	to Fees
24	25	29		30				Trust Fund Contribution O. Name and Address of			
9. Name and Address of Current Registered Agent					81						
			r		"						
ROW	ES, JEANNE C	2.			82	Street Add	ddress	(P.O. Box Number is Not	Acceptable)		
712 MARS STREET											
. –	IN FL 32541				83	83					
ULUI	IIV I E 02071				84	City	85 Zip Code				
	en e							A V -1 - 3		FL "	
11 Dure	uant to the provisions of Sections 617.0502	and	617.1508, Florida Statute	es, the	above	-named co	orporal	tion submits this statement	for the purpo	ose of changing เนื่ appointment as ก	s registered
office	uant to the provisions of Sections 617.0502 e or registered agent, or both, in the State on t. I am familiar with, and accept the obligati	f Flor	ida. Such change was a f. Section 617 0503. Flo	uthoriza rida Sta	ed by atutes.	the corpora	ation's	DOSTO Of Ollectors, Theret	y accept the	оррония	
** ager	nt. I am tamiliar with, and accept the obligati	UIIS U	M, Gection 617.0000, 110								· · · · ·
SIGNATI	Signature, typed or printed name of registered agent	and title	e if applicable. (NOTE	: Register	ed Agen	ıt signature requi	quired wh	en reinstating)		ATE	
12.	OFFICERS ANI			13	3.			ADDITIONS/CHANGES	TO OFFICE		
TITLE	D		☐ DELETE	1,1	TILE					Change	Addition
NAME	ACOSTA, LARAINE			1.2	NAME						l
	ATOM LU A DEDDY LAL			1.3	STREET	TADDRESS		•			
STREET ADX	AUCES IL 20670			14	CITY-S	T-ZIP					
CITY-ST-ZIF			☐ DELETE	_	TITLE					Change	☐ Addition
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NAME .	BOWES, JEANNE C					TADORESS					
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CITY-ST-ZI		·· <u> </u>	. DELETE	_	TITLE	21-631				Change	☐ Addition
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NAME .	AND ADDED NORTH	•				T ADDRESS					ļ
STREET AD	DRESS 221 GREENBRIER DRIVE										
CITY-ST-ZI			☐ DELETE	_	LCITY-S	31-45				☐ Change	Addition
TITLE	D		₩ DEFE IE							_	
NAME	OVERTURF, MARILYN				2 NAME					That M	
STREET AD			•			T ADDRESS					
CITY-ST-ZI	P CRESTVIEW FL 32536		C act care		4 CITY-S	ST-ZIP				Change	Addition
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NAME	W 1 .5%			10.	2 NAME	}	i				
STREET AL	Section to the second of the s			6.	3 STREE	ET ADDRESS					
*5	ET OF H. C			6.	4 CITY-	\$T-ZIP					

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, with all other like empowered.

SIGNATURE: