

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 23, 2000 8:00 am
Secretary of State

06-23-2000 90107 042 ****61.25

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DO NOT WRITE IN THIS SPACE

DOCUMENT # **N9700000 2429**
 1. Entity Name
Okaloosa Chamber Singers, Inc R

Principal Place of Business Mailing Address
712 Mars St. **712 Mars Street**
Destin, FL 32541 **Destin, FL 32541**
US **US**

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State
 Zip Country Zip Country

4. FEI Number
31-1575269 Applied For
 Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
Bowes, Jeanne C
712 Mars Street
Destin, FL 32541

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees **Make Check Payable to Department of State**

| 10. OFFICERS AND DIRECTORS | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D Bowes, Jeanne C <input type="checkbox"/> Delete 712 Mars Street Destin, FL 32541 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D Overturf, Marilyn <input type="checkbox"/> Delete 349 Powell Dr. CREATVIEW, FL 32536 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D Leong, Regina <input type="checkbox"/> Delete 21 James Street Shalimar, FL 32579 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D Lindhorst, Mike <input type="checkbox"/> Delete 345 Cherie Ct. NW Ft. Walton Beach, FL 32548 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

12. 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 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: Jeanne C. Bowes 6/19/00 850-837-9640
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)