

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 29, 2002 8:00 am
Secretary of State

05-29-2002 90682 043 ****61.25

DOCUMENT # N97000002429

1. Entity Name

OKALOOSA CHAMBER SINGERS, INC.

Principal Place of Business

Mailing Address

**712 MARS STREET
 DESTIN FL 32541
 US**

**712 MARS STREET
 DESTIN FL 32541
 US**

400.758

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

7. Name and Address of New Registered Agent

**BOWES, JEANNE C
 712 MARS STREET
 DESTIN FL 32541**

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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE Delete
 NAME **D LINDHORST, MIKE**
 STREET ADDRESS **345 CHERIE CT NW**
 CITY-ST-ZIP **FORT WALTON BEACH FL 32548**

TITLE Change Addition
 NAME **Treasurer
 Jeanne C. Bowes**
 STREET ADDRESS **712 Mars St**
 CITY-ST-ZIP **Destin FL 32541**

TITLE Delete
 NAME **D LEONG, REGINA**
 STREET ADDRESS **21 JAMES ST**
 CITY-ST-ZIP **SHALIMAR FL 32579**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **D PLANTHOLT, JIM**
 STREET ADDRESS **221 GREENBRIER DRIVE**
 CITY-ST-ZIP **FT WALTON BEACH FL 32547**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **D OVERTURF, MARILYN**
 STREET ADDRESS **349 POWELL DR**
 CITY-ST-ZIP **CRESTVIEW FL 32536**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/17/02 850 837 9640

Date Daytime Phone #

CR2E037 (9/01)