

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000002429

FILED
Jul 09, 2006
Secretary of State

Entity Name: OKALOOSA CHAMBER SINGERS, INC.

Current Principal Place of Business:

219 LAKESIDE DRIVE
DEFUNIAK SPRINGS, FL 32435 US

New Principal Place of Business:

Current Mailing Address:

219 LAKESIDE DRIVE
DEFUNIAK SPRINGS, FL 32435 US

New Mailing Address:

FEI Number: 31-1575269 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

MCCALL, JAMES T
219 LAKESIDE DRIVE
DEFUNIAK SPRINGS, FL 32435 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: D () Delete
Name: PLANTHOLT, BETSEY
Address: 221 GREENBRIER DRIVE
City-St-Zip: FORT WALTON BEACH, FL 32547

Title: D () Delete
Name: BLEDSOE, KEITHA
Address: 1403 RED OAK DRIVE
City-St-Zip: CRESTVIEW, FL 32539

Title: D () Delete
Name: OVERTURF, MARILYN
Address: 349 POWELL DRIVE
City-St-Zip: CRESTVIEW, FL 32536

Title: T () Delete
Name: MCCALL, JAMES T
Address: 219 LAKESIDE DRIVE
City-St-Zip: DEFUNIAK SPRINGS, FL 32435

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: SEC (X) Change () Addition
Name: PLANTHOLT, BETSEY
Address: 221 GREENBRIER DRIVE
City-St-Zip: FORT WALTON BEACH, FL 32547

Title: DIR (X) Change () Addition
Name: BOWES, JEANNE
Address: 712 MARS STREET
City-St-Zip: DESTIN, FL 32541

Title: DIR (X) Change () Addition
Name: OVERTURF, MARILYN
Address: 349 POWELL DRIVE
City-St-Zip: CRESTVIEW, FL 32536

Title: TRS (X) Change () Addition
Name: MCCALL, JAMES T
Address: 219 LAKESIDE DRIVE
City-St-Zip: DEFUNIAK SPRINGS, FL 32435

I hereby certify that the information supplied with this filing does not qualify for the 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: JAMES T. MCCALL

T

07/09/2006

Electronic Signature of Signing Officer or Director

_____ Date