


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 23, 2007 8:00 am**  
**Secretary of State**

04-23-2007 90282 009 \*\*\*\*61.25

**DOCUMENT # N97000002429**

1. Entity Name  
**OKALOOSA CHAMBER SINGERS, INC.**



Principal Place of Business  
**219 LAKESIDE DRIVE**  
**DEFUNIAK SPRINGS, FL 32435 US**

Mailing Address  
**219 LAKESIDE DRIVE**  
**DEFUNIAK SPRINGS, FL 32435 US**



2. Principal Place of Business - No P.O. Box #  
 Suite, Apt. #, etc.  
**349 Powell Dr.**

3. Mailing Address  
 Suite, Apt. #, etc.  
**349 Powell Dr.**

City & State  
**Crestview, FL**

City & State  
**Crestview, FL**

Zip  
**32536**

Country  
**USA**

Zip  
**32536**

Country  
**USA**

04162007 Chg-NP CR2E037 (12/06)

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

**MCCALL, JAMES T**  
**219 LAKESIDE DRIVE**  
**DEFUNIAK SPRINGS, FL 32435**

7. Name and Address of New Registered Agent

Name  
**Overturf, Marilyn**

Street Address (P.O. Box Number is Not Acceptable)  
**349 Powell Dr.**

City  
**Crestview**

FL Zip Code  
**32536**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Marilyn S. Overturf* **4/17/07**  
Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25 Due by May 1, 2007**

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete
SEC	PLANTHOLT, BETSEY	221 GREENBRIER DRIVE	FORT WALTON BEACH, FL 32547	<input type="checkbox"/>
DIR	BOWES, JEANNE	712 MARS STREET	DESTIN, FL 32541	<input checked="" type="checkbox"/>
DIR	OVERTURF, MARILYN	349 POWELL DRIVE	CRESTVIEW, FL 32536	<input type="checkbox"/>
TRS	MCCALL, JAMES T	219 LAKESIDE DRIVE	DEFUNIAK SPRINGS, FL 32435	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	C Goodson, Della	7674 Koininia Pl.	Holt, FL 32564	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	M			<input checked="" type="checkbox"/>	<input type="checkbox"/>
	T Riedemann, Esther	61 Lake Lorraine Cir.	Shalimar, FL 32579	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	D Bledsoe, Keitha	1403 Red Oak Dr.	Crestview, FL 32539	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: *Marilyn S. Overturf* **4/17/07 (P50) 682-9657**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #