2008 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

Apr 28, 2008 8:00 am Secretary of State DOCUMENT # N97000002429 04-28-2008 90331 007 ****61.25 OKALOOSA CHAMBER SINGERS, INC. Principal Place of Business Mailing Address 349 POWELL DR 349 POWELL DR CRESTVIEW, FL 32536 CRESTVIEW, FL 32536 US 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04222008 Chg-NP CR2E037 (12/06) City & State City & State 4. FEI Number Applied For 31-1575269 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent OVERTURF, MARILYN 349 POWELL DR Street Address (P.O. Box Number is Not Acceptable) CRESTVIEW, FL 32536 City 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable, (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing Filing Fee is \$61.25 \$5.00 May Be Make check payable to Trust Fund Contribution. Florida Department of State Due by May 1, 2008 Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. SEC . TITLE ☐ Delete TITLE Addition ☐ Change PLANTHOLT, BETSEY PARRY, GREG 4602 OHARA COURT NAME NAME 221 GREENBRIER DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP FORT WALTON BEACH, FL 32547 CITY-ST-ZIP CRESTYIEW, FL 32539 TITLE TITLE Addition 🗯 Delete Change GOODSON, DELLA NAME NAME MYERS, PAM 6172 W DOGWOOD DRIVE 7674 KOININIA PL STREET ADDRESS STREET ADDRESS CITY-ST-ZIP HOLT, FL 32564 CITY-ST-ZIP CRESTVIEW, TITLE □ Delete TITLE ☐ Change Addition OVERTURF, MARILYN NAME NAME SEIP, PATTY DEERMONT DRIVE STREET ADDRESS 349 POWELL DRIVE STREET ADDRESS 58*6*2 CITY-ST-ZIP CRESTVIEW, FL 32536 CITY-ST-ZIP 32536 TITLE □ Delete TITLE Change Change ☐ Addition TIEDEMANN, ESTHER NAME NAME STREET ADDRESS 61 LAKE LORRAINE CIR STREET ADDRESS CITY-ST-ZIP SHALIMAR, FL 32579 CITY-ST-ZIP TITLE □ Delete TITLE ☐ Change ☐ Addition BLEDSOE, KEITHA NAME NAME 1403 RED OAK DR STREET ADDRESS STREET ADDRESS CITY-ST-7F CRESTVIEW, FL. 32539 CITY-ST-ZIP TITLE ☐ Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

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 AND TOPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

MARILYN S. OVERTURF) 124/08

FILED