

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000002429

FILED  
May 23, 2009  
Secretary of State

Entity Name: OKALOOSA CHAMBER SINGERS, INC.

## Current Principal Place of Business:

349 POWELL DR  
CRESTVIEW, FL 32536 US

## New Principal Place of Business:

## Current Mailing Address:

349 POWELL DR  
CRESTVIEW, FL 32536 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:

## Name and Address of New Registered Agent:

OVERTURF, MARILYN  
349 POWELL DR  
CRESTVIEW, FL 32536 US

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

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

Title: T ( ) Delete  
Name: TIEDEMANN, ESTHER  
Address: 61 LAKE LORRAINE CIR  
City-St-Zip: SHALIMAR, FL 32579

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

Title: T ( ) Delete  
Name: PARRY, GREG  
Address: 4602 OHARA CT  
City-St-Zip: CRESTVIEW, FL 32539

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition  
Name: MYERS, PAMELA  
Address: 6172 W DOGWOOD DR  
City-St-Zip: CRESTVIEW, FL 32536

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: P (X) Change ( ) Addition  
Name: TIEDEMANN, ESTHER  
Address: 61 LAKE LORRAINE CIR  
City-St-Zip: SHALIMAR, FL 32579

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: MARILYN OVERTURF

M

05/23/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date