

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N97000002429

FILED  
May 31, 2003  
Secretary of State

Entity Name: OKALOOSA CHAMBER SINGERS, INC.

**Current Principal Place of Business:**

712 MARS STREET  
DESTIN, FL 32541 US

**New Principal Place of Business:**

**Current Mailing Address:**

712 MARS STREET  
DESTIN, FL 32541 US

**New Mailing Address:**

FEI Number: 31-1575269      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

BOWES, JEANNE C  
712 MARS STREET  
DESTIN, FL 32541 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: LINDHORST, MIKE  
Address: 345 CHERIE CT NW  
City-St-Zip: FORT WALTON BEACH, FL 32548

Title: D ( ) Delete  
Name: LEONG, REGINA  
Address: 21 JAMES ST  
City-St-Zip: SHALIMAR, FL 32579

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

Title: T ( ) Delete  
Name: BOWES, JEANNE C  
Address: 712 MARS ST.  
City-St-Zip: DESTIN, FL 32541

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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 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 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: JEANNE C BOWES

T

05/31/2003

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date