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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NONPROFIT
CORPORATION
ANNUAL REPORT
1998

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N97000002463 (4)**

1. Corporation Name

OKALOOSA COUNTY MEDICAL ALLIANCE FOUNDATION, INC

Principal Place of Business	Mailing Address
~~920 BAMBI DRIVE~~ ~~DESTIN FL 32541~~ 11 Country Club Rd Shalimar, Fl 32579	POST OFFICE BOX 4343 FORT WALTON BEACH FL 32549

3. Date Incorporated or Qualified: 05/02/1997

4. FEI Number: 59-3456203 ☐ Applied For ☒ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
JOHNS, KATHLEEN 920 BAMBI DRIVE DESTIN FL 32541	81 Name: Fossum, Christine 82 Street Address (P.O. Box number is Not Acceptable): 11 Country Club Rd 83: Shalimar 84 City: FL 85 Zip Code: 32579

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: [signature] 25 Feb 98
Signature, type or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☒ DELETE	1.1 TITLE	PD	☒ Change ☒ Addition
NAME	JOHNS, KATHLEEN		1.2 NAME	Fossum, Christine	
STREET ADDRESS	920 BAMBI DRIVE		1.3 STREET ADDRESS	11 Country Club Road	
CITY-ST-ZIP	DESTIN FL 32541		1.4 CITY-ST-ZIP	Shalimar, FL 32579	
TITLE	PE D	☒ DELETE	2.1 TITLE	PED	☒ Change ☒ Addition
NAME	FOSSUM, CHRISTINE		2.2 NAME	Hutchins, Laurie	
STREET ADDRESS	11 COUNTRY CLUB ROAD		2.3 STREET ADDRESS	915 Beachview Dr.	
CITY-ST-ZIP	SHALIMAR FL 32579		2.4 CITY-ST-ZIP	Ft Walton Beach, FL 32547	
TITLE	SD	☒ DELETE	3.1 TITLE	SD	☒ Change ☐ Addition
NAME	BADER, LINDA		3.2 NAME	Gayle Blumberg	
STREET ADDRESS	4101 INDIAN TRAIL		3.3 STREET ADDRESS	2359 Twin Bay View	
CITY-ST-ZIP	DESTIN FL 32541		3.4 CITY-ST-ZIP	Ft Walton Beach, FL 32547	
TITLE	TD	☒ DELETE	4.1 TITLE	TD	☒ Change ☐ Addition
NAME	BLANCHARD, ELLEN		4.2 NAME	HSIANG, Emily	
STREET ADDRESS	901 BEACHVIEW DRIVE		4.3 STREET ADDRESS	1558 Glenlake Circle	
CITY-ST-ZIP	FT. WALTON BEACH FL 32547		4.4 CITY-ST-ZIP	Niceville, FL 32578	
TITLE		☒ DELETE	5.1 TITLE	V.P.	☐ Change ☒ Addition
NAME			5.2 NAME	~~Anne~~ GIVEN, Ann	
STREET ADDRESS			5.3 STREET ADDRESS	289 Shalimar Drive	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	Shalimar, FL 32579	
TITLE		☐ DELETE	6.1 TITLE	S	☐ Change ☒ Addition
NAME			6.2 NAME	QUIGLEY, Kelley	
STREET ADDRESS			6.3 STREET ADDRESS	111 Mieg Drive	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	Shalimar, FL 32579	

CR2E037 (10/97)

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] 25 Feb 98 850 8622535
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Dear Ms. Sandra Mortham: 23 Nov 98

This was sent last year — Here is another copy for your records. I have signed again above the signature. Please place on file for us

Sincerely

Christi Cauderhead-Fourcin
OCMA President
1997-98