

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000002463

FILED
Mar 04, 2004
Secretary of State

Entity Name: OKALOOSA COUNTY MEDICAL ALLIANCE FOUNDATION, INC.

Current Principal Place of Business:

11 COUNTRY CLUB RD
SHALIMAR, FL 32549

New Principal Place of Business:

POST OFFICE BOX
FORT WALTON BEACH, FL 32549

Current Mailing Address:

POST OFFICE BOX 4343
FORT WALTON BEACH, FL 32549

New Mailing Address:

FEI Number: 59-3456203 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RINGEL, ELLEN
221 YEACHT CLUB DR.
NICEVILLE, FL 32578

Name and Address of New Registered Agent:

RIGBY, EMILY
289 BRIARWOOD CIRCLE
FORT WALTON BEACH, FL 32548

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: EMILY RIGBY

03/04/2004

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: BLANCHARD, ELLEN
Address: 901 BEACHVIEW DR.
City-St-Zip: FORT WALTON BEACH, FL 32547

Title: VPD () Delete
Name: KATHLEEN, BROADERICK
Address: 9143 CHERLAKE COVE
City-St-Zip: SHALIMAR, FL 32579

Title: SD () Delete
Name: FLEISCHER, PAM
Address: 17 BAY SHORE DR
City-St-Zip: SHALIMAR, FL 32579

Title: TD () Delete
Name: RINGEL, ELLEN
Address: 221 YACHT CLUB DR.
City-St-Zip: NICEVILLE, FL 32578

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: HART, DOREEN
Address: 1706 15TH STREET
City-St-Zip: NICEVILLE, FL 32578

Title: VPD (X) Change () Addition
Name: FELDMAN, GINA
Address: 7 BAY COVE LANE
City-St-Zip: SHALIMAR, FL 32579

Title: SD (X) Change () Addition
Name: TANNER, LYNNE
Address: P.O. BOX 6309
City-St-Zip: DESTIN, FL 32550

Title: TD (X) Change () Addition
Name: RIGBY, EMILY
Address: 289 BRIARWOOD CIRCLE
City-St-Zip: FORT WALTON BEACH, FL 32548

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: EMILY RIGBY

TD

03/04/2004

Electronic Signature of Signing Officer or Director

Date