

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000002463

FILED
Jan 20, 2005
Secretary of State

Entity Name: OKALOOSA COUNTY MEDICAL ALLIANCE FOUNDATION, INC.

Current Principal Place of Business:

POST OFFICE BOX
FORT WALTON BEACH, FL 32549

New Principal Place of Business:

POST OFFICE BOX 4343
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:

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

Name and Address of New Registered Agent:

OUELLETTE, GWEN
2804 SAM SNEAD COURT
SHALIMAR, FL 32579 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: GWEN OUELLETTE

01/20/2005

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

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

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

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: SD (X) Change () Addition
Name: HANSEN, ERIN
Address: 2816 ARNOLD PALMER
City-St-Zip: SHALIMAR, FL 32579

Title: TD (X) Change () Addition
Name: OUELLETTE, GWEN
Address: 2804 SAM SNEAD COURT
City-St-Zip: SHALIMAR, FL 32579

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: GWEN OUELLETTE

TD

01/20/2005

Electronic Signature of Signing Officer or Director

Date