

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000006541

**FILED**  
**Mar 29, 2005**  
**Secretary of State**

**Entity Name:** OKALOOSA COUNTY AFFORDABLE HOMESIGHTS, INC.

**Current Principal Place of Business:**

1169 JOHN SIMS PARKWAY  
NICEVILLE, FL 32578

**New Principal Place of Business:**

4400 E HWY 20  
STE 211  
NICEVILLE, FL 32578

**Current Mailing Address:**

P.O. BOX 950  
NICEVILLE, FL 32588

**New Mailing Address:**

P.O. BOX 5501  
DESTIN, FL 32540

**FEI Number:** 59-3725203

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MOORE, BERT  
1169 JOHN SIMS PARKWAY  
NICEVILLE, FL 32578 US

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

HAVENS, JASON E  
4400 EAST HIGHWAY 20  
SUITE 211  
NICEVILLE, FL 32578 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: JASON E. HAVENS

03/29/2005

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: V ( ) Delete  
Name: MOORE, BERT  
Address: 1169 JOHN SIMS PAR  
City-St-Zip: NICEVILLE, FL 32578

Title: P (X) Delete  
Name: GIBSON, ALAN R  
Address: 716 SPRING LAKE  
City-St-Zip: DESTIN, FL 32541

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

Title: P (X) Change ( ) Addition  
Name: GIBSON, ALAN R  
Address: P.O. BOX 5501  
City-St-Zip: DESTIN, FL 32540

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ALAN RANDALL GIBSON

P

03/29/2005

Electronic Signature of Signing Officer or Director

Date