

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06455

FILED  
Apr 18, 2008  
Secretary of State

Entity Name: OKALOOSA PUBLIC RADIO, INC.

**Current Principal Place of Business:**

957 HWY C4-A  
BAKER, FL 32531 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 189  
BAKER, FL 32531 US

**New Mailing Address:**

FEI Number: 59-2773279      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

THOMPSON, EARL RAY  
954 HWY C4-A  
BAKER, FL 32531 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: PD ( ) Delete  
Name: THOMPSON, EARL R.,  
Address: 954 HWY C4-A  
City-St-Zip: BAKER, FL 32531 US

Title: VD ( ) Delete  
Name: BOLTON, MELODY A.  
Address: 803 MELTON RD  
City-St-Zip: BAKER, FL 32531 US

Title: D ( ) Delete  
Name: THOMPSON, JEFFREY E  
Address: 954 HWY C4-A  
City-St-Zip: BAKER, FL 32531 US

Title: D ( ) Delete  
Name: NELSON, PAULINE,  
Address: RT 1, BOX 170  
City-St-Zip: CRESTVIEW, FL 32536 US

Title: STD ( ) Delete  
Name: THOMPSON, RUTH H.,  
Address: 954 HWY C4-A  
City-St-Zip: BAKER, FL 32531 US

Title: D ( ) Delete  
Name: HICKS, COLIN R  
Address: 3541 HWY 29 NORTH  
City-St-Zip: CANTONMENT, FL 32533 US

**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:

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 exemption stated in Chapter 119, 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: RUTH H. THOMPSON

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

SEC

04/18/2008

\_\_\_\_\_  
Date