


**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90402 016 ****61.25

DOCUMENT # N43336	
1. Entity Name OKALOOSA COUNTY'S 100 CLUB, INC.	

Principal Place of Business 906 NORTH TEXAS PARKWAY CRESTVIEW FL 32536	Mailing Address 906 NORTH TEXAS PARKWAY CRESTVIEW FL 32536
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2. Principal Place of Business Suite, Apt. #, etc. City & State Zip	3. Mailing Address Suite, Apt. #, etc. City & State Zip	Country	Country
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MOORE CR2E037 (11/03)

4. FEI Number NO-T APPLICABLE	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BRYAN, W.C.
906 NORTH TEXAS PARKWAY
CRESTVIEW FL 32536

7. Name and Address of New Registered Agent

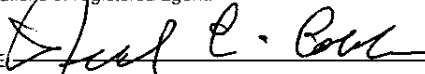
Name **Neal C. Cobb**

Street Address (P.O. Box Number is Not Acceptable)
1668 Cobb Rd

Baker

City **FL** Zip Code **32531**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE:  DATE: **4-29-04**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
D MIKA, JOHN P. 825 MAYO TRAIL CRESTVIEW FL	
PD COBB, NEAL C. RT. 2 BOX 23 B BAKER FL	<input type="checkbox"/> Delete
VD KIRKLAND, CARL W. 6038 BLUEBERRY LANE CRESTVIEW FL	<input checked="" type="checkbox"/> Delete
STD BRYAN, W.C. 906 N. TEXAS PARKWAY CRESTVIEW FL	<input checked="" type="checkbox"/> Delete
D HAYES, SAM 838 CONYERS CRESTVIEW FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **Neal C. Cobb** DATE: **4-29-04** DAYTIME PHONE #: **850 537-4892**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #