## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## **DOCUMENT # N43336**

1. Corporation Name

OKALOOSA COUNTY'S 100 CLUB, INC.

Principal Place of Business

Mailing Address

2a. Mailing Address

Suite, Apt. #, etc.

26

27

906 NORTH TEXAS PARKWAY CRESTVIEW FL 32536

2. Principal Place of Business

Suite, Apt. #, etc.

21

906 NORTH TEXAS PARKWAY CRESTVIEW FL 32536

## **FILED** Feb 10, 1999 8:00am **Secretary of State**

02-10-1999 90027 019 \*\*\*\*61.25

3   <b>6 6</b> 1   10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		I BLEST BIBLI BLET	

3. Date Incorporated or Qualifed

05/07/1991

4. FEI Number NOT APPLICABLE

City & State	8	City & State	)			5. Certifcate of Status Desi	red 🔲	\$8.75 A	
3		28						Fee Rec	lnited
Zip	Country	Zip		Country		6. Election Campaign Final	ncing _	\$5.00	
<b>a</b>	25	29	30			Trust Fund Contribution		Added to	Fees
	9. Name and Address of Currer	nt Registered Agent				10. Name and Address of	New Registers	d Agent	
•	***************************************			81	Name				
BRYAN, W	v C			82	Stroot Addr	ress (P.O. Box Number is Not A	ccentable)		
				62	Subel Audi	835 (F.O. DOX 14811DOF 15 140171	ocepiasio,		
906 NORTH TEXAS PARKWAY CRESTVIEW FL 32536			83						
Chesivie	W FL 32330							log Zin O	
				84	City		F	85 Zip C	ode
11 Durament	to the provisions of Sections 617.050	32 and 617 1508 Fig	rida Statutes	the above	a-named com	oration submits this statement f	or the purpose	of changing its i	registered
office or e	existered agent or both in the State	ent Fiorida. Such cha	nde was auth	orizea ov	the corporation	on's board of directors. I hereby	accept the app	cointment as reg	istered
agent. I a	m familiar with, and accept the obliga	ations of, Section 617	.0503, Florida	Statutes.	•	,			
SIGNATURE			* ATC 0		a -1 midaa	d when reinstating)	DATE		
	Signature, typed or printed name of registered age	ND DIRECTORS	(NUTE: Re	13.	sagnature require	ADDITIONS/CHANGES 1		AND DIRECTOR	RS IN 12
12.	D OFFICERS AI		DELETE	1.1 TITLE			1, 1	☐ Change .	
TITLE	-	٥	DELETE	1.2 NAME					
NAME	MIKA, JOHN P.				1000000			1	
STREET ADDRESS				1.3 STREET		•			
CITY-ST-ZIP	CRESTVIEW FL			1.4 CITY-ST	r-ZIP			Change	Addition
TITLE	PD	با	DELETE	2.1 TITLE				□ Onengo	
NAME :	COBB, NEAL C.	÷		2.2 NAME					
STREET ADDRESS				2.3 STREET	ADDRESS				
CiTY-ST-ZIP	BAKER FL		•	2.4 CITY-S	17-ZIP		. <u> </u>		
TITLE -	VD		DELETE	3.1 TITLE				Change	☐ Addition
NAME	KIRKLAND, CARL W.			3.2 NAME					
STREET ADDRESS	6038 BLUEBERRY LANE			3.3 STREET	ADDRESS				
CITY-ST-ZIP	CRESTVIEW FL			3.4. CITY- S	T-ZIP			• •	
TITLE	STD		DELETE	4.1 TITLE				Change	Addition
NAME .	BRYAN, W.C.			4. 2 NAME					
STREET ADDRESS	COO N. TEVAO DADIONAV			4.3 STREET	ADDRESS			. ,	
CITY-ST-ZIP	CRESTVIEW FL			4.4 CITY-S	T-ZIP	:	• *		· , , ,
TITLE	D		DELETE	5.1 TITLE				Change	Addition
NAME	HAYES, SAM			5.2 NAME					:
STREET ADDRESS	AAA AANKEDO			5.3 STREET	T ADDRESS	•		, '	_
CITY-ST-ZIP	CRESTVIEW FL			5.4 CITY- S	T-ZIP		<i>i</i> ,		
TITLE .	OTHER TRANSPORT		DELETE	6.1 TITLE				☐ Change	Addition
		_		6.2 NAME		-			
NAME				6.3 STREET	T ADDRESS				
STREET ADDRESS	}			6.4 CITY-S					
CITY-ST-ZIP									

indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am ar 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

DEQUIRED W. C. BRYAN 1-20-99 850-682-4260

Applied For

Not Applicable