2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2008
Secretary of State

DOCUMENT# N10650

Entity Name: FLORIDA COMMUNITY SERVICES CORP. OF WALTON COUNTY

Current Principal Place of Business:

70 LOGAN LANE
GRAYTON BUSINESS CENTER
SANTA ROSA BEACH, FL 32459 US

New Principal Place of Business:

Current Mailing Address:

70 LOGAN LANE
GRAYTON BUS CTR
SANTA ROSA BEACH, FL 32459 US

New Mailing Address:

FEI Number: 59-2643266 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

STANDLEY, MICHAEL G
70 LOGAN LANE
SANTA ROSA BCH, FL 32459 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: CD ( ) Delete
Name: WILSON, DEWEY C
Address: 123 SOUTH MAGNOLIA COURT
City-St-Zip: FREEPORT, FL 32439

Title: ST ( ) Delete
Name: PILCHER, MELISSA W
Address: 1742 BAY GROVE ROAD
City-St-Zip: FREEPORT, FL 32439

Title: DV ( ) Delete
Name: ALFORD, DOUGLAS A.,
Address: 999 MCCOULLOUGH ROAD
City-St-Zip: DEFUNIAK SPRINGS, FL 32433

Title: AS ( ) Delete
Name: DISMUKES, LOIS M
Address: 177 LEE PLACE
City-St-Zip: SANTA ROSA BEACH, FL 32459

Title: PD ( ) Delete
Name: STANDLEY, MICHAEL G
Address: 606 TWIN LAKE DRIVE
City-St-Zip: DEFUNIAK SPRINGS, FL 32459

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:

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: MELISSA W. PILCHER ST 01/14/2008
Electronic Signature of Signing Officer or Director Date