

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 21, 2003 8:00 am
Secretary of State

01-21-2003 90132 019 ****70.00

DOCUMENT # N10650

1. Entity Name

FLORIDA COMMUNITY SERVICES CORP. OF WALTON COUNT

Y



Principal Place of Business

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

Mailing Address

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2643266**

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WILSON, DEWEY C JR
70 LOGAN LANE
SANTA ROSA BCH FL 32459**

Name

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

City

FL

Zip Code

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

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☐ Delete
NAME **WILSON, DEWEY C.**
STREET ADDRESS **476 SAN JUAN AVENUE**
CITY-ST-ZIP **SANTA ROSA BEACH FL 32459**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **ST** ☐ Delete
NAME **PILCHER, MELISSA W**
STREET ADDRESS **51 GUAVA AVENUE**
CITY-ST-ZIP **DEFUNIAK SPRINGS FL**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **DV** ☐ Delete
NAME **ALFORD, DOUGLAS A.**
STREET ADDRESS **999 MCCOULLOUGH ROAD**
CITY-ST-ZIP **DEFUNIAK SPRINGS FL**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **V** ☐ Delete
NAME **HOWELL, WALTER S**
STREET ADDRESS **95 ALBATROSS CT**
CITY-ST-ZIP **SANTA ROSA BEACH FL 32459**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **108 Tradewinds Drive**
CITY-ST-ZIP **Santa Rosa Bch, FL 32459**

TITLE **S** ☐ Delete
NAME **DISMUKES, LOIS M**
STREET ADDRESS **177 LEE PLACE**
CITY-ST-ZIP **SANTA ROSA BEACH FL 32459**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/16/03

850-231-5114

CR2E037 (10/02)