

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **N17037 (5)**  
1. Corporation Name  
**WALTON COUNTY ATHLETIC LEAGUE, INCORPORATED**



Principal Place of Business Mailing Address  
**CHARLOTTE D WARREN**  
**35 MARION DRIVE**  
**DEFUNIAK SPRINGS FL 32433**  
**US**

3. Date Incorporated or Qualified **09/29/1986** 3a. Date of Last Report **04/25/1995**

2. Principal Place of Business 2a. Mailing Address  
21 **Susan Odom** 26 **Susan Odom**  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
22 **502 King Lake Blvd.** 27 **502 King Lake Blvd.**  
City & State City & State  
23 **Defuniak Springs FL** 28 **Defuniak Springs FL**  
Zip Country Zip Country  
24 **32433** 25 **US** 29 **32433** 30 **US**

4. FEI Number **NOT APPLICABLE** Applied For  Not Applicable  
5. Certificate of Status Desired  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent  
**ADKINSON, CLAYTON J**  
**106 N. 6TH ST.**  
**DEFUNIAK SPRINGS FL 32433**

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

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

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	HARRIS, JOHN	
STREET ADDRESS	BOB SIKES RD.	
CITY-ST-ZIP	DEFUNIAK SPRINGS FL 32423	
TITLE	V	<input type="checkbox"/> DELETE
NAME	PICKARD, THOMAS	
STREET ADDRESS	123 CLAY ST	
CITY-ST-ZIP	DEFUNIAK SPRINGS FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	RODGERS, RICK	
STREET ADDRESS	35 MARION DR	
CITY-ST-ZIP	DEFUNIAK SPRINGS FL	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	STUCK, JOLINDA	
STREET ADDRESS	10 LAKES ESTATES	
CITY-ST-ZIP	DEFUNIAK SPRINGS FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ODOM, SUSAN	
STREET ADDRESS	10 LAKES DR.	
CITY-ST-ZIP	DEFUNIAK SPRINGS FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	TINDELL, TONYA	
STREET ADDRESS	992 PARADISE ISLAND	
CITY-ST-ZIP	DEFUNIAK SPRINGS FL	

13. ADDITIONS-CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Odom, James	
1.3 STREET ADDRESS	502 King Lake Blvd.	
1.4 CITY-ST-ZIP	Defuniak Springs, FL 32433	
2.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Pickard, Thomas	
2.3 STREET ADDRESS	254 Clay St.	
2.4 CITY-ST-ZIP	Defuniak Springs, FL 32433	
3.1 TITLE	(5) McLean, Ellen	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS	28 West Sloss Ave	
3.4 CITY-ST-ZIP	Defuniak Springs, FL 32433	
4.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Murrah Patricia	
4.3 STREET ADDRESS	Hwy 90 West	
4.4 CITY-ST-ZIP	Mossyhead, FL 32434	
5.1 TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Odom, Susan	
5.3 STREET ADDRESS	502 King Lake Blvd.	
5.4 CITY-ST-ZIP	Defuniak Springs, FL 32433	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS	100001872381	
6.4 CITY-ST-ZIP	-06/24/96--01015--034	
	***61.25	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information 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 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Ellen McLean Ellen McLean 5/31/96 (904) 892-5117  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)