

FILE NOW: FILING FEE IS \$61.25

FILED  
May 15 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
---	---	---

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



Principal Place of Business <b>SUSAN ODOM 502 KING LAKE BLVD. DEFUNIAK SPRINGS FL 32433 US</b>	Mailing Address <b>SUSAN ODOM 502 KING LAKE BLVD. DEFUNIAK SPRINGS FL 32433 US</b>
---	---

3. Date Incorporated or Qualified <b>09/29/1986</b>	3a. Date of Last Report <b>06/21/1996</b>
--	--

2. Principal Place of Business 21 <b>Ellen McLean</b> Suite, Apt. #, etc. 22 <b>28 W. Sloss Ave</b> City & State 23 <b>Defuniak Spgs. FL</b> Zip 24 <b>32433</b>	2a. Mailing Address 26 <b>Ellen McLean</b> Suite, Apt. #, etc. 27 <b>28 W. Sloss Ave</b> City & State 28 <b>De Funiak Spgs FL</b> Zip 29 <b>32433</b>	Country 25 <b>USA</b>	Country 30 <b>32433</b>
---	--	--------------------------	----------------------------

4. FEI Number <b>NOT APPLICABLE</b>	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> 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	<b>FL</b>
85 Zip Code	

11. Pursuant to the provisions of Sections 617.0502 and 617.1506, 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>PD</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>ODOM, JAMES</b>	
STREET ADDRESS	<b>502 KING LAKE BLVD.</b>	
CITY-ST-ZIP	<b>DEFUNIAK SPRINGS FL 32433</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>PICKARD, THOMAS</b>	
STREET ADDRESS	<b>254 CLAY ST</b>	
CITY-ST-ZIP	<b>DEFUNIAK SPRINGS FL 32433</b>	
TITLE	<b>S</b>	<input type="checkbox"/> DELETE
NAME	<b>MCLEAN, ELLEN</b>	
STREET ADDRESS	<b>28 W. SLOSS AVE.</b>	
CITY-ST-ZIP	<b>DEFUNIAK SPRINGS FL 32433</b>	
TITLE	<b>V</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>MURRAH, PATRICIA</b>	
STREET ADDRESS	<b>HWY 80 WEST</b>	
CITY-ST-ZIP	<b>MOSSYHEAD FL 32434</b>	
TITLE	<b>T</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>ODOM, SUSAN</b>	
STREET ADDRESS	<b>502 KING LAKE BLVD.</b>	
CITY-ST-ZIP	<b>DEFUNIAK SPRINGS FL 32433</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>TINDELL, TONYA</b>	
STREET ADDRESS	<b>992 PARADISE ISLAND</b>	
CITY-ST-ZIP	<b>DEFUNIAK SPRINGS FL</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>P</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>Pickard, Thomas</b>	
1.3 STREET ADDRESS	<b>245 clay st</b>	
1.4 CITY-ST-ZIP	<b>Defuniak Spgs FL 32433</b>	
2.1 TITLE	<b>V</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>Rogers, Rick</b>	
2.3 STREET ADDRESS	<b>35 Marion Dr</b>	
2.4 CITY-ST-ZIP	<b>Defuniak Springs FL 32433</b>	
3.1 TITLE	<b>T</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<b>Bradley Dawn</b>	
3.3 STREET ADDRESS	<b>5495 Coy Burgess Loop</b>	
3.4 CITY-ST-ZIP	<b>Defuniak Spgs FL 32433</b>	
4.1 TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	<b>Burgess, Gary</b>	
4.3 STREET ADDRESS	<b>365 michangelo Rd</b>	
4.4 CITY-ST-ZIP	<b>DeFuniak Spgs FL 32433</b>	
5.1 TITLE	<b>D</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	<b>Rogers, Charlotte</b>	
5.3 STREET ADDRESS	<b>35 marion</b>	
5.4 CITY-ST-ZIP	<b>Defuniak Spgs FL 32433</b>	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do 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 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: *Sandra B. Mortham* **REQUIRED** 4/29/97 904/892-5117  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0077620

CR2E037 (9/96)