

FILE NOW: FILING FEE IS \$61.25

FILED

Jun 02 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N17037 (5)**

1. Corporation Name  
**WALTON COUNTY ATHLETIC LEAGUE, INCORPORATED**



Principal Place of Business <b>ELLEN MCLEAN 28 W. SLOSS AVE. DEFUNIAK SPRINGS FL 32433 US</b>	Mailing Address <b>ELLEN MCLEAN 28 W. SLOSS AVE. DEFUNIAK SPRINGS FL 32433 US</b>
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3. Date Incorporated or Qualified  
**09/29/1986**

4. FEI Number  
**NOT APPLICABLE**

Applied For  
 Not Applicable

21. Principal Place of Business <b>Gary Burgess</b> Suite, Apt. #, etc. <b>PO Box 14</b> City & State <b>Defuniak Spg Fl</b> Zip <b>32433</b>	2a. Mailing Address <b>Gary Burgess</b> Suite, Apt. #, etc. <b>PO Box 14</b> City & State <b>Defuniak Spg Fl</b> Zip <b>32433</b>
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5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?  
 Yes  No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  
 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	<b>FL</b>
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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstalling) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>V</b>	<input type="checkbox"/> DELETE
NAME	<b>ROGERS, RICK</b>	
STREET ADDRESS	<b>35 MRION DR.</b>	
CITY-ST-ZIP	<b>DEFUNIAK SPRINGS FL</b>	
TITLE	<b>P</b>	<input type="checkbox"/> DELETE
NAME	<b>PICKARD, THOMAS</b>	
STREET ADDRESS	<b>245 CLAY ST.</b>	
CITY-ST-ZIP	<b>DEFUNIAK SPRINGS FL</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>T</b>	<input type="checkbox"/> DELETE
NAME	<b>BRADLEY, DAWN</b>	
STREET ADDRESS	<b>5495 COY BURGESS LOOP</b>	
CITY-ST-ZIP	<b>DEFUNIAK SPRINGS FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>BURGESS, GARY</b>	
STREET ADDRESS	<b>365 MICHANGELO RD.</b>	
CITY-ST-ZIP	<b>DEFUNIAK SPRINGS FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>ROGERS, CHARLOTTE</b>	
STREET ADDRESS	<b>35 MARION</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>Gary Burgess</b>	
1.3 STREET ADDRESS	<b>365 Michangelo Rd.</b>	
1.4 CITY-ST-ZIP	<b>Defuniak Spg Fl 32433</b>	
2.1 TITLE	<b>UP</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>Dawn Bradley</b>	
2.3 STREET ADDRESS	<b>5495 Coy Burgess loop</b>	
2.4 CITY-ST-ZIP	<b>Defuniak Spg Fl 32433</b>	
3.1 TITLE	<b>T</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<b>Hinda Roberts</b>	
3.3 STREET ADDRESS	<b>2827 Co Rd 1883</b>	
3.4 CITY-ST-ZIP	<b>Defuniak Spg Fl 32433</b>	
4.1 TITLE	<b>S</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	<b>Vicki Burgess</b>	
4.3 STREET ADDRESS	<b>365 Michangelo Rd.</b>	
4.4 CITY-ST-ZIP	<b>Defuniak Spg Fl 32433</b>	
5.1 TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	<b>Lloyd Cannon Jr</b>	
5.3 STREET ADDRESS	<b>2827 Co Rd 1883</b>	
5.4 CITY-ST-ZIP	<b>Defuniak Spg Fl 32433</b>	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	<b>600002547846</b>	
6.3 STREET ADDRESS	<b>-06/04/98--01070--018</b>	
6.4 CITY-ST-ZIP	<b>***61.25</b>	

14. 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 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: *[Signature]* **513198 850-855-0463**

CR2E037 (10/97)