


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 03, 2004 8:00 am
Secretary of State

03-03-2004 90007 045 ****70.00

DOCUMENT # N17037
 1. Entity Name
WALTON COUNTY ATHLETIC LEAGUE, INCORPORATED



Principal Place of Business Mailing Address
 175 CLOUD DRIVE PO BOX 115
 DEFUNIAK SPRINGS FL 32433 MOSSY HEAD FL 32434
 US US

66417900



MOORE CR2E037 (11/03)

2. Principal Place of Business Suite, Apt. #, etc.
 3. Mailing Address Suite, Apt. #, etc.

City & State City & State

4. FEI Number **75-3058408** Applied For
 APPLIED FOR Not Applicable

Zip Country Zip Country

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
LAMB, FLORENCE
175 CLOUD DRIVE
DEFUNIAK SPRINGS FL 32433

7. Name and Address of New Registered Agent
 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 *Florence Lamb* DATE 2/19/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

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

TITLE NAME	PD LAMB, FRANKIE	<input type="checkbox"/> Delete
STREET ADDRESS	175 CLOUD DRIVE	
CITY-ST-ZIP	DEFUNIAK SPRINGS FL 32433	
TITLE NAME	VD DANIEL, PAM	<input type="checkbox"/> Delete
STREET ADDRESS	840 GERMAN CLUB ROAD	
CITY-ST-ZIP	DEFUNIAK SPRINGS FL 32433	
TITLE NAME	T JACKSON, PATRICIA	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	1466 LAIRD ROAD	
CITY-ST-ZIP	MOSSY HEAD FL 32434	
TITLE NAME	S LAMB, FLORENCE	<input type="checkbox"/> Delete
STREET ADDRESS	175 CLOUD DRIVE	
CITY-ST-ZIP	DEFUNIAK SPRINGS FL 32433	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME	Treasurer Latilda Henninger	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	76 Crescent Drive	
CITY-ST-ZIP	DeFuniak Spgs, FL 32435	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: *Florence Lamb* DATE 2/19/04 DAYTIME PHONE # 850-892-6815
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #