

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 02, 2005 08:00 AM
Secretary of State



DOCUMENT # N17037 1. Entity Name WALTON COUNTY ATHLETIC LEAGUE, INCORPORATED					
Principal Place of Business 175 CLOUD DRIVE DEFUNIAK SPRINGS FL 32433 US			Mailing Address PO BOX 115 MOSSY HEAD FL 32434 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 75-3058408	
Zip		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
LAMB, FLORENCE 175 CLOUD DRIVE DEFUNIAK SPRINGS FL 32433				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 <i>Florence Lamb</i>		DATE 4-29-5		(NOTE: Registered Agent signature required when reinstating)	
FILE NOW: FEE IS \$61.25 Due By May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add	
NAME	LAMB, FRANKIE		NAME	U00000358681 05/04/05-80124-021 70.00	
STREET ADDRESS	175 CLOUD DRIVE		STREET ADDRESS		
CITY-ST-ZIP	DEFUNIAK SPRINGS FL 32433		CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add	
NAME	DANIEL, PAM		NAME		
STREET ADDRESS	840 GERMAN CLUB ROAD		STREET ADDRESS		
CITY-ST-ZIP	DEFUNIAK SPRINGS FL 32433		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add	
NAME	HENNINGER, LATILDA		NAME		
STREET ADDRESS	76 CRESCENT DRIVE		STREET ADDRESS		
CITY-ST-ZIP	DEFUNIAK SPRINGS FL 32435		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add	
NAME	LAMB, FLORENCE		NAME		
STREET ADDRESS	175 CLOUD DRIVE		STREET ADDRESS		
CITY-ST-ZIP	DEFUNIAK SPRINGS FL 32433		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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)(f), 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 changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>Florence Lamb</i>		SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Florence Lamb		DATE 4/29/5	



1st MOORE CR2E037 (10/04)

Applied For
Not Applied

FL Zip Code

U00000358681
05/04/05-80124-021 70.00