
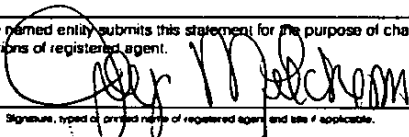



**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

5/ **FILED**  
**Jun 29, 2006 8:00 am**  
**Secretary of State**

05-01-2006 90423 004 \*\*\*\*70.00

<b>DOCUMENT # N17037</b>			
1. Entity Name <b>WALTON COUNTY ATHLETIC LEAGUE, INCORPORATED</b>			
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 <b>3078 Corbin Gainey Rd</b>		3. Mailing Address <b>3078 Corbin Gainey Rd</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <b>Defuniak Spgs, Fl 32435</b>		City & State <b>Defuniak Spgs, Fl 32435</b>	
Zip	Country <b>USA</b>	Zip	Country <b>USA</b>
4. FEI Number <b>75-3058408</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		04212006 Chg-NP CR2E037 (11/05)	
6. Name and Address of Current Registered Agent <b>LAMB, FLORENCE</b> 175 CLOUD DRIVE DEFUNIAK SPRINGS, FL 32433		7. Name and Address of New Registered Agent Name <b>Joy Mitchem</b> Street Address (P.O. Box Number is Not Acceptable) <b>3078 Corbin Gainey Road</b> City <b>Defuniak Springs</b> FL Zip Code <b>32435</b>	
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  DATE <b>6/27/06</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>			
Filing Fee is <b>\$61.25</b> Due by <b>May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> 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 NAME STREET ADDRESS CITY - ST - ZIP	PD <b>LAMB, FRANKIE</b> 175 CLOUD DRIVE DEFUNIAK SPRINGS, FL 32433 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD <b>DANIEL, PAM</b> 840 GERMAN CLUB ROAD DEFUNIAK SPRINGS, FL 32433 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T <b>HENNINGER, LATILDA</b> 78 CRESCENT DRIVE DEFUNIAK SPRINGS, FL 32435 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>Treasurer</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>Joy Mitchem</b> <b>3078 Corbin Gainey Rd</b> <b>Defuniak Spgs, Fl 32435</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S <b>LAMB, FLORENCE</b> 175 CLOUD DRIVE DEFUNIAK SPRINGS, FL 32433 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 info empowered.			
SIGNATURE: 		Date: <b>6/27/06</b>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	