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CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAR 22 PM 3: 29

DOCUMENT # **N42972** (2)
1. Corporation Name
CARING & SHARING OF WALTON COUNTY, INC.

Principal Place of Business Mailing Address
207 W NELSON AVE 207 W NELSON AVE
DEFUNIAK SPRINGS FL 32433 DEFUNIAK SPRINGS FL 32433
(New address-see below)

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2a. Mailing Address
21 1122 State Highway 83N 26 same
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 City & State 27 City & State
23 DeFuniak Springs, FL 28 same
24 Zip 25 Country 29 Zip 30 Country
32433 Walton

3. Date Incorporated or Qualified 3a. Date of Last Report
04/16/1991 02/21/1994
4. FEI Number Applied For
59-3074250 Not Applicable
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. Nonprofit with IRS 501(c)(3) Tax Exempt Status \$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
REESE, CATHARINE C.
112-A WEST NELSON AVENUE
DEFUNIAK SPRINGS FL 32433
10. Name and Address of New Registered Agent
B1 Name same
B2 Street Address (P.O. Box Number is Not Acceptable)
B3
B4 City FL B5 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE DT	CAMPBELL, CLARENCE	1.1 TITLE DT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAMPBELL, CLARENCE	1.2 NAME	Campbell, Clarence
STREET ADDRESS	402 N FIRST ST	1.3 STREET ADDRESS	402 N. 1st Street
CITY-ST-ZIP	DEFUNIAK SPRINGS FL	1.4 CITY-ST-ZIP	DeFuniak Springs, FL. 32433
TITLE DVP	CORSTEN, DON	2.1 TITLE DVP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CORSTEN, DON	2.2 NAME	Mildred Bishop
STREET ADDRESS	RT 2 BOX 113-D	2.3 STREET ADDRESS	101 S. 11th Street
CITY-ST-ZIP	FREEPORT FL 32439	2.4 CITY-ST-ZIP	Defuniak Springs, FL. 32433
TITLE D	BRAKE, LUNDA	3.1 TITLE DS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRAKE, LUNDA	3.2 NAME	Dwayne Davis
STREET ADDRESS	P O BOX 189-HWY 90 N/A	3.3 STREET ADDRESS	P.O. Box 516 N/A
CITY-ST-ZIP	DEFUNIAK SPRINGS FL	3.4 CITY-ST-ZIP	Freeport, FL. 32439
TITLE DP	QUAM, ROBERT	4.1 TITLE pp	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	QUAM, ROBERT	4.2 NAME	Quam, Robert
STREET ADDRESS	331 S & COY BURGESS RD	4.3 STREET ADDRESS	DeFuniak Springs, FL. 32433
CITY-ST-ZIP	DEFUNIAK SPRINGS FL	4.4 CITY-ST-ZIP	331 S. & Coy Burgess Road N/A
TITLE DPP	SZILVASY, JOYCE	5.1 TITLE DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SZILVASY, JOYCE	5.2 NAME	Szilvasy, Joyce
STREET ADDRESS	RT 3 BOX 27 A	5.3 STREET ADDRESS	Rt 3 Box 27A
CITY-ST-ZIP	DEFUNIAK SPRINGS FL	5.4 CITY-ST-ZIP	DeFuniak Springs, FL. 32433
TITLE D	DAVIS, DWAYNE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVIS, DWAYNE	6.2 NAME	
STREET ADDRESS	PO BOX 516 N/A	6.3 STREET ADDRESS	
CITY-ST-ZIP	FREEPORT FL	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or in an attachment with an address.

SIGNATURE: *Clarence Campbell*
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #