

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N42972 (2)

1. Corporation Name

CARING & SHARING OF WALTON COUNTY, INC.



Principal Place of Business

Mailing Address

1122 STATE HIGHWAY 83N
DEFUNIAK SPRINGS FL 32433
US

1122 STATE HIGHWAY 83N
DEFUNIAK SPRINGS FL 32433
US

3. Date Incorporated or Qualified
04/16/1991

3a. Date of Last Report
03/22/1995

2. Principal Place of Business

2a. Mailing Address

21 **1122 NORTH 9th STREET**

26 **1122 NORTH 9th STREET**

4. FEI Number
59-3074250

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **A**

27 **A**

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

City & State

City & State

23 **DEFUNIAK SPRINGS, FL.**

28 **DEFUNIAK SPRINGS, FL.**

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

Zip

Country

Zip

Country

24 **32433**

25 **WALTON**

29 **32433**

30 **WALTON**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**REESE, CATHARINE C.
112-A WEST NELSON AVENUE
DEFUNIAK SPRINGS FL 32433**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 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 617.0203, Florida Statutes.

SIGNATURE

Catharine C. Reese *C. Reese*

4/17/96

Signature

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	<input type="checkbox"/> DELETE
NAME	CAMPBELL, CLARENCE	
STREET ADDRESS	402 N FIRST ST	
CITY-ST-ZIP	DEFUNIAK SPRINGS FL	
TITLE	DVP	<input type="checkbox"/> DELETE
NAME	BISHOP, MILDRED	
STREET ADDRESS	101 S 11TH STREET	
CITY-ST-ZIP	DEFUNIAK SPRINGS FL	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	DAVIS, DWAYNE	
STREET ADDRESS	P O BOX 516 N/A	
CITY-ST-ZIP	FREEPORT FL	
TITLE	PP	<input checked="" type="checkbox"/> DELETE
NAME	QUAM, ROBERT	
STREET ADDRESS	331 S & COY BURGESS RD	
CITY-ST-ZIP	DEFUNIAK SPRINGS FL	
TITLE	DP	<input type="checkbox"/> DELETE
NAME	SZILVASY, JOYCE	
STREET ADDRESS	RT 3 BOX 27 A	
CITY-ST-ZIP	DEFUNIAK SPRINGS FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	DAVIS, DWAYNE	
STREET ADDRESS	PO BOX 516 N/A	
CITY-ST-ZIP	FREEPORT FL	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	DP Szilvasy, Joyce
5.3 STREET ADDRESS	967 Pinewood Drive
5.4 CITY-ST-ZIP	DEFUNIAK SPRINGS, FL 32433
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 119.07(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Joyce Szilvasy *Joyce Szilvasy*

4/09/96

(84) 892-2111

Signature and typed or printed name of signing officer or director

Date

Daytime Phone #

CR2E037 (12/95)