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Mar 05 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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 N 9TH ST.  
A  
DEFUNIAK SPRINGS FL 32433  
US

1122 N 9TH ST.  
A  
DEFUNIAK SPRINGS FL 32433-3813  
US

3. Date Incorporated or Qualified  
04/16/1991

3a. Date of Last Report  
04/24/1996

2. Principal Place of Business

2a. Mailing Address

4. FEI Number  
59-3074250

Applied For  
Not Applicable

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

5. Certificate of Status Desired

\$8.75 Additional Fee Required

22 City & State

27 City & State

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

23 Zip

Country

28 Zip

Country

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

24

25

29

30

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 617.0503, 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  DELETE  
NAME CAMPBELL, CLARENCE  
STREET ADDRESS 402 N FIRST ST  
CITY-ST-ZIP DEFUNIAK SPRINGS FL

1.1 TITLE  Change  Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE OVP  DELETE  
NAME BISHOP, MILDRED  
STREET ADDRESS 101 S 11TH STREET  
CITY-ST-ZIP DEFUNIAK SPRINGS FL

2.1 TITLE  Change  Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE DS  DELETE  
NAME DAVIS, DWAYNE  
STREET ADDRESS P O BOX 516 N/A  
CITY-ST-ZIP FREEPORT FL

3.1 TITLE  Change  Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE DP  DELETE  
NAME SZILVASY, JOYCE  
STREET ADDRESS 967 PINWOOD DRIVE  
CITY-ST-ZIP DEFUNIAK SPRINGS FL 32433

4.1 TITLE  Change  Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE DM  DELETE  
NAME Barbara Lawniczak  
STREET ADDRESS 67 Birch Dr.  
CITY-ST-ZIP DeFuniak Springs, FL 32433

5.1 TITLE  Change  Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE  Change  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 does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Barbara Lawniczak* BARBARA LAWNICZAK

2-27-97 (904) 892-7656

CR2E037 (9/96)