

FILE NOW: FILING FEE IS \$61.25

FILED
Jun 25 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N42972** (2)
1. Corporation Name
CARING & SHARING OF WALTON COUNTY, INC.



Principal Place of Business 1122 N 9TH ST. DEFUNIAK SPRINGS FL 32433 US	Mailing Address 1122 N 9TH ST. DEFUNIAK SPRINGS FL 32433 US
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3. Date Incorporated or Qualified 04/16/1991	Applied For Not Applicable
4. FEI Number 59-3074250	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

8. Name and Address of Current Registered Agent
**REESE, CATHARINE C
112-A WEST NELSON AVENUE
DEFUNIAK SPRINGS FL 32433**

19. Name and Address of New Registered Agent
81 Name **Angus Andrews**
82 Street Address (P.O. Box Number is Not Acceptable)
694 E. Baldwin Ave.
83
84 City **DeFuniak Springs** FL 85 Zip Code **32433**

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 Angus Andrews (NOTE: Registered Agent signature required when reinstating) DATE 4-30-98

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DT	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAMPBELL, CLARENCE	1.2 NAME	
STREET ADDRESS	402 N FIRST ST	1.3 STREET ADDRESS	
CITY-ST-ZIP	DEFUNIAK SPRINGS FL	1.4 CITY-ST-ZIP	
TITLE	DVP	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BISHOP, MILDRED	2.2 NAME	
STREET ADDRESS	101 S 11TH STREET	2.3 STREET ADDRESS	
CITY-ST-ZIP	DEFUNIAK SPRINGS FL	2.4 CITY-ST-ZIP	
TITLE	DS	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVIS, DWAYNE	3.2 NAME	
STREET ADDRESS	P O BOX 516 N/A	3.3 STREET ADDRESS	
CITY-ST-ZIP	FREERPORT FL	3.4 CITY-ST-ZIP	
TITLE	DP	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SZILVASY, JOYCE	4.2 NAME	
STREET ADDRESS	967 PINWOOD DRIVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	DEFUNIAK SPRINGS FL 32433	4.4 CITY-ST-ZIP	
TITLE	DM	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAWNICZAK, BARBARA	5.2 NAME	
STREET ADDRESS	67 BIRCH DR	5.3 STREET ADDRESS	
CITY-ST-ZIP	DEFUNIAK SPRINGS FL	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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 4-30-98

CR2E037 (10/97)