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Feb 23, 1999 8:00 am
Secretary of State

02-23-1999 90104 050 ****61.25

0010354

NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N42972

1. Corporation Name

CARING & SHARING OF WALTON COUNTY, INC.

104192 - 90104 - 50

Principal Place of Business

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

Mailing Address

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



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

04/16/1991

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number

59-3074250

Applied For

Not Applicable

23 City & State

27 City & State

5. Certificate of Status Desired

\$8.75 Additional Fee Required

24 Zip 25 Country

28 Zip 29 Country

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ANDREWS, ANGUS 694 E BALDWIN AVE 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

DT CAMPBELL, CLARENCE 402 N FIRST ST DEFUNIAK SPRINGS FL

1.1 TITLE DC RODNEY HUGHES 100 DAVIS LANE DEFUNIAK SPRINGS, FL 32433

DVP BISHOP, MILDRED 101 S 11TH STREET DEFUNIAK SPRINGS FL

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

DS DAVIS, DWAYNE P O BOX 516 N/A FREEPORT FL

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

DP SZILVASY, JOYCE 967 PINWOOD DRIVE DEFUNIAK SPRINGS FL 32433

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

DM LAWNICZAK, BARBARA 67 BIRCH DR DEFUNIAK SPRINGS FL

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

6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 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, with all other like empowered.

SIGNATURE: Barbara Lawniczak LAWNICZAK

1-13-99 (850)892-7656

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)