

# 2000 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT # N42972**

1. Entity Name

**CARING & SHARING OF WALTON COUNTY, INC.**

**FILED**  
**May 18, 2000 8:00 am**  
**Secretary of State**

05-18-2000 90312 006 \*\*\*\*61.25

Principal Place of Business 1122 N 9TH ST. A DEFUNIAK SPRINGS FL 32433 US	Mailing Address 1122 N 9TH ST. A DEFUNIAK SPRINGS FL 32433-3813 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number <b>59-3074250</b>	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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6. Name and Address of Current Registered Agent

**ANDREWS, ANGUS**  
**694 E BALDWIN AVE**  
**DEFUNIAK SPRINGS FL 32433**

7. Name and Address of New Registered Agent

Name: **Rodney Hughes**  
 Street Address (P.O. Box Number is Not Acceptable): **2253 Bay Grove Road**  
 City: **DeFuniak Springs, FL** Zip Code: **32439**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE: *Rodney M Hughes*  
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:  
FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DT</b> <b>CAMPBELL, CLARENCE</b> <b>402 N FIRST ST</b> <b>DEFUNIAK SPRINGS FL</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DVP</b> <b>BISHOP, MILDRED</b> <b>101 S 11TH STREET</b> <b>DEFUNIAK SPRINGS FL</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DS</b> <b>DAVIS, DWAYNE</b> <b>P O BOX 516 N/A</b> <b>FREERPORT FL</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DP</b> <b>SZILVASY, JOYCE</b> <b>967 PINWOOD DRIVE</b> <b>DEFUNIAK SPRINGS FL 32433</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DM</b> <b>LAWNICZAK, BARBARA</b> <b>67 BIRCH DR</b> <b>DEFUNIAK SPRINGS FL</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DC</b> <b>HUGHES, RODNEY</b> <b>100 DAVIS LANE</b> <b>DEFUNIAK SPRINGS FL 32433</b> <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Board Member</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>Chuck Helton</b> <b>81 Polk Street</b> <b>Freeport, FL. 32439</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Board Member</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>Clatie Baldwin</b> <b>41 Turner Drive</b> <b>DeFuniak Springs, FL. 32433</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Board Member</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>Annie R. Campbell</b> <b>224 Baldwin Avenue</b> <b>DeFuniak Springs, FL. 32433</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Board Member</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Pam Powell</b> <b>226 N. 1st Street, Apt 1A, Neighborhood Network Center</b> <b>DeFuniak Springs, FL. 32433</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Board Member</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>Don Coshey</b> <b>114 Barnes Road</b> <b>Laurel Hill, FL. 32567</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Board Members</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Evelyn Jones</b> <b>P.O. Box 512</b> <b>DeFuniak Springs, FL. 32433</b>

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE: SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)