

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 24, 2002 8:00 am**  
**Secretary of State**

03-24-2002 90083 050 \*\*\*\*61.25

**DOCUMENT # N42972**

1. Entity Name

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

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

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

**59-3074250**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

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  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

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

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	O	DELETE <input type="checkbox"/>
NAME	HELTON, CHUCK	
STREET ADDRESS	81 POLK CITY ST.	
CITY-ST-ZIP	FREEPORT FL 32439	
TITLE	D	DELETE <input type="checkbox"/>
NAME	BALDWIN, CLATIE	
STREET ADDRESS	41 TURNER DR.	
CITY-ST-ZIP	DEFUNIAK SPRINGS FL 32433	
TITLE	D	DELETE <input type="checkbox"/>
NAME	CAMPBELL, ANNIE R	
STREET ADDRESS	224 BALDWIN AVE.	
CITY-ST-ZIP	DEFUNIAK SPRINGS FL 32433	
TITLE	DP	DELETE <input type="checkbox"/>
NAME	SZILVASY, JOYCE	
STREET ADDRESS	967 PINWOOD DRIVE	
CITY-ST-ZIP	DEFUNIAK SPRINGS FL 32433	
TITLE	D	DELETE <input type="checkbox"/>
NAME	COSHEY, DON	
STREET ADDRESS	114 BARNES RD.	
CITY-ST-ZIP	LAUREL HILL FL 32567	
TITLE	DC	DELETE <input type="checkbox"/>
NAME	HUGHES, RODNEY	
STREET ADDRESS	100 DAVIS LANE	
CITY-ST-ZIP	DEFUNIAK SPRINGS FL 32433	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	CHANGE <input type="checkbox"/>	ADDITION <input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	CHANGE <input type="checkbox"/>	ADDITION <input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	CHANGE <input type="checkbox"/>	ADDITION <input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	CHANGE <input type="checkbox"/>	ADDITION <input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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:

*Robert G. Gorden*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3-8-02

Daytime Phone #

850-892-7656

CR2E037 (9/01)