


**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 16, 2004 8:00 am
Secretary of State

04-16-2004 90062 018 ****61.25

DOCUMENT # *N 42972*

1. Entity Name
Caring + Sharing of Walton County



DO NOT WRITE IN THIS SPACE

94053833

2. Principal Place of Business
1122A North 9th Street
Suite, Apt. #, etc.

3. Mailing Address
1122A North 9th Street
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
DeFuniak Springs, Fl.

City & State
DeFuniak Springs Fl.

Zip
32433

Country
Walton

Zip
32433

Country
Walton

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**

7. Name and Address of Current Registered Agent

Name
Rex Golden

Street Address (P.O. Box Number is Not Acceptable)
1122A North 9th Street

City
DeFuniak Springs

FL Zip Code
32433

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Rex Golden Rex Golden Director* DATE *4-14-04*

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FEE IS \$61.25
Initial or Amended UBR**

9. Election Campaign Financing
Trust Fund Contribution.

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

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Director Rex Golden 1122A N 9th St DeFuniak Springs, FL 32433</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>President Evelyn Jones P.O. Box 512 DeFuniak Springs, FL 32433</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Secretary Ken Braidwood P.O. Box 512 DeFuniak Springs, FL 32433</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Officer Clayton ATKINSON P.O. Box 1207 DeFuniak Springs, FL 32435</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Officer Joyce Szilvassy 967 Pinewood Dr. DeFuniak Springs, FL 32433</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Officer Shayne Betts 735 Boy Ave. DeFuniak Springs, FL 32435</i>

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Rex Golden Rex Golden Director* DATE *4-14-04* 850-892-7656

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037B (12/02)