## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## FILED Feb 03, 2006 8:00 am Secretary of State

1. Entity Name CARING & SHARING OF WALTON COUNTY, INC.									02-	03-2006	90003	008 ****6	1.25
1122 N 9TH ST. 1123 A A				lailing Address 1122 N 9TH ST. DEFUNIAK SPRINGS, FL 32433 US									
				Mailing Address									
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Suite, Apt. #, etc.			Suit	Suite, Apt. #, etc.			1	01302006	Chg	-NP	CR2E	037 (11/05)	
City & State			City	City & State				4. FEI Num 59-30	nber 174250				pplied For ot Applicable
Zip	Zip Country		Zip	Zip C				5. Certifica	te of Stati	us Desired		\$8.75 Ad Fee Require	
	6. Name	and Address of Curre	nt Registere	d Agent				7. Name a	nd Addre	ss of New I	Registere	d Agent	· · · · · · · · · · · · · · · · · · ·
GOLDEN	REX					Name							
1122A NORTH 9TH ST. DEFUNIAK SPRINGS, FL 32433						Street Address (P.O. Box Number is Not Acceptable)							
	- •					City						■ Zip Coo	ie .
The above named entity submits this statement for the purpose of changing its register.					• •	l	• • • •			A	F	L	
	tions of regist			se of changing ka	registor	BO OTICO OF	registen	oc agent, or i		is state of th	onua. Ta	III IGIIIII WILI	, and accept
SIGNATURE	Signature, typed	or printed name of registered age	ent and title il appl	icable. (NOT	E: Registere	d Agent signat	ure required	when reinstation)			DATE		<del></del>
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		e is \$61.25 fay 1, 2006		9. Election Car Trust Fund (	npaign f	inancing		\$5.00 May Added to Fed			fake che	ock payable t artment of S	
10.	Due by N		DIRECTORS	9. Election Car Trust Fund (	mpaign f Contribut	inancing		\$5.00 May Added to Fed	es	Flo	fake che rida Dep	artment of S	N 10
10. TITLE NAME		Aay 1, 2006 OFFICERS AND I	DIRECTORS	9. Election Car	npaign f Contribut	inancing ion.	D A	\$5.00 May Added to Fed ADDITIONS/C	es CHANGES	Flo	fake che rida Dep	artment of S	itate
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I nereby ceruly that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119. 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:

et Golden SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

850-891-7656