


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

02-03-2006 90003 008 ****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		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-3074250	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
GOLDEN, REX 1122A NORTH 9TH ST. DEFUNIAK SPRINGS, FL 32433			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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D	<input type="checkbox"/> Delete	TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOLDEN, REX		NAME	Ken Braidwood	
STREET ADDRESS	1122A N 9TH ST.		STREET ADDRESS	PO Box 512	
CITY-ST-ZIP	DEFUNIAK SPRINGS, FL 32433		CITY-ST-ZIP	DEFUNIAK SPRINGS, FL 32435	
TITLE	P	<input type="checkbox"/> Delete	TITLE	Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JONES, EVELYN		NAME	Anita HANEY	
STREET ADDRESS	P.O. BOX 512		STREET ADDRESS	710 Rosemary Ct	
CITY-ST-ZIP	DEFUNIAK SPRINGS, FL 32433		CITY-ST-ZIP	DEFUNIAK SPRINGS, FL 32433	
TITLE	S	<input type="checkbox"/> Delete	TITLE	Officer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRAIDWOOD, KEN		NAME	EVELYN JONES	
STREET ADDRESS	P.O. BOX 512		STREET ADDRESS	PO Box 304	
CITY-ST-ZIP	DEFUNIAK SPRINGS, FL 32433		CITY-ST-ZIP	FREEPORT, FL 32439	
TITLE	O	<input type="checkbox"/> Delete	TITLE	Officer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ATKINSON, CLAYTON		NAME	Bertha Hood	
STREET ADDRESS	P.O. BOX 1207		STREET ADDRESS	1588 US Hwy 331 S.	
CITY-ST-ZIP	DEFUNIAK SPRINGS, FL 32433		CITY-ST-ZIP	DEFUNIAK SPRINGS, FL 32435	
TITLE	O	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SZILVASY, JOYCE		NAME		
STREET ADDRESS	967 PINWOOD DR.		STREET ADDRESS		
CITY-ST-ZIP	DEFUNIAK SPRINGS, FL 32433		CITY-ST-ZIP		
TITLE	O	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BETTS, SHAYNE		NAME		
STREET ADDRESS	735 BOY AVE.		STREET ADDRESS		
CITY-ST-ZIP	DEFUNIAK SPRINGS, FL 32433		CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing 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: <u>Ref Golden</u>			Date: <u>1-31-06</u> Daytime Phone #: <u>850-892-7656</u>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		