2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Jan 11, 2007 8:00 am Secretary of State

DOCUMENT # N42972 1. Entity Name CARING & SHARING OF WALTON COUNTY, INC.				01-11-2007 90059 024 ****61.25				
Principal Place of Business Mailing Address 1122 N 9TH ST. 1122 N 9TH ST. A			1					
DEFUNIAK SPRINGS, FL 32433 US DEFUNIAK SPRINGS, FL 32			32433 US					
2. Principal P	flace of Business - No P.O. Box #	3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		g-NP	CR2E037 (12/06)		
City & State		City & State		4. FEI Number 59-3074250	0		plied For Applicable	
Zip	Country	Zip	Country	5. Certificate of Sta	itus Desired	\$8.75 Add	litional	
	6. Name and Address of Current R	Registered Agent		7. Name and Addr	ess of New F			
COLDEN	DEY		Name					
GOLDEN, REX 1122A NORTH 9TH ST. DEFUNIAK SPRINGS, FL 32433			Street Addres	Street Address (P.O. Box Number is Not Acceptable)				
			Citÿ			FL Zip Code	e ·	
8. The above the obligat	named entity submits this statement for tions of registered agent.	the purpose of changing its	registered office or regis	stered agent, or both, in t	the State of Fi	orida. I am familiar with,	and accept	
SIGNATURE .	Signature, typed or printed name of registered agent as	nd title if applicable. (NOTE	: Registered Agent signature requi	ired when reinstating)		DATE	 !	
SIGNATURE	Signature, typed or printed name of registered agent as Filling Fee Is \$81.25 Due by May 1, 2007	<u> </u>	npaign Financing	\$5.00 May Be Added to Fees		DATE Nake check payable to rida Department of St		
SIGNATURE	Filing Fee is \$61.25 Due by May 1, 2007 OFFICERS AND DIR	9. Election Can Trust Fund C	npaign Financing	\$5.00 May Be Added to Fees	Flo	lake check payable to	ate	
10.	Filing Fee Is \$61.25 Due by May 1, 2007 OFFICERS AND DIR	9. Election Can Trust Fund C	npaign Financing Contribution.	\$5.00 May Be Added to Fees	Flo	lake check payable to rida Department of St	ate	
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The every verify that the information supplied with this filling does not quality 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 eath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 817, 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.