


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 07, 2008 8:00 am
Secretary of State

02-07-2008 90030 001 ****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 - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-3074250	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GOLDEN, REX 1122A NORTH 9TH ST. DEFUNIAK SPRINGS FL 32433			7. Name and Address of New Registered Agent		
Name			Name		
Street Address (P.O. Box Number is Not Acceptable)			Street Address (P.O. Box Number is Not Acceptable)		
City			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 _____ (NOTE: Registered Agent Signatures are required when reinstating)					
FILE NOW: FEE IS \$61.25 Due By May 1, 2008		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	P	<input checked="" type="checkbox"/> Delete	TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CLEMENS, CAROLYN		NAME	Bob Greene	
STREET ADDRESS	44 WOOD ST		STREET ADDRESS	366 Paradise Island Rd.	
CITY-ST-ZIP	DEFUNIAK SPRINGS FL 32433		CITY-ST-ZIP	Defuniak Springs FL 32433	
TITLE	S	<input checked="" type="checkbox"/> Delete	TITLE	O	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HANEY, ANITA		NAME	Carolyn Clemens	
STREET ADDRESS	710 ROSEMARY CT		STREET ADDRESS	44 Wood St.	
CITY-ST-ZIP	DEFUNIAK SPRINGS FL 32433		CITY-ST-ZIP	Defuniak Springs FL 32433	
TITLE	O	<input checked="" type="checkbox"/> Delete	TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JONES, EVELYN		NAME	Sally Zimer	
STREET ADDRESS	P.O. BOX 364		STREET ADDRESS	53 W Raphael Rd	
CITY-ST-ZIP	FREEMPORT FL 32439		CITY-ST-ZIP	Defuniak Springs FL 32433	
TITLE	O	<input type="checkbox"/> Delete	TITLE	O	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HOOD, BERTHA		NAME	Judy Robinson	
STREET ADDRESS	1588 US HWY 331 S		STREET ADDRESS	75 Bob McCoskill Dr.	
CITY-ST-ZIP	DEFUNIAK SPRINGS FL 32435		CITY-ST-ZIP	Defuniak Springs FL 32433	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	O	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BRAIDWOOD, KEN		NAME	Al Messer	
STREET ADDRESS	P.O. BOX 512		STREET ADDRESS	366 Paradise Island Rd	
CITY-ST-ZIP	DEFUNIAK SPRINGS FL 32435		CITY-ST-ZIP	Defuniak Springs FL 32433	
TITLE		<input type="checkbox"/> Delete	TITLE	O	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	Phil Rote	
STREET ADDRESS			STREET ADDRESS	366 Paradise Island Rd.	
CITY-ST-ZIP			CITY-ST-ZIP	Defuniak Springs FL 32433	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Rex Golden Rex Golden Director 1-30-08 850-892-7656