

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N42972

FILED
Jan 05, 2009
Secretary of State

Entity Name: CARING & SHARING OF WALTON COUNTY, INC.

Current Principal Place of Business:

1122 N 9TH ST.
A
DEFUNIAK SPRINGS, FL 32433 US

New Principal Place of Business:

Current Mailing Address:

1122 N 9TH ST.
A
DEFUNIAK SPRINGS, FL 32433 US

New Mailing Address:

FEI Number: 59-3074250 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GOLDEN, REX
1122A NORTH 9TH ST.
DEFUNIAK SPRINGS, FL 32433 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: GREENE, BOB
Address: 366 PARADISE ISLAND RD
City-St-Zip: DEFUNIAK SPRINGS, FL 32433

Title: O () Delete
Name: CLEMONS, CAROLYN
Address: 44 WOOD ST
City-St-Zip: DEFUNIAK SPRINGS, FL 32433

Title: S () Delete
Name: ZIMER, SALLY
Address: 53 W RAPHAEL RD
City-St-Zip: DEFUNIAK SPRINGS, FL 32433

Title: O () Delete
Name: ROBINSON, JUDY
Address: 75 BOB MCCASKILL DR
City-St-Zip: DEFUNIAK SPRINGS, FL 32433

Title: O () Delete
Name: MESSER, AL
Address: 366 PARADISE ISLAND RD
City-St-Zip: GREENWOOD, FL 32443

Title: O () Delete
Name: ROTE, PHIL
Address: 366 PARADISE ISLAND RD
City-St-Zip: DEFUNIAK SPRINGS, FL 32433

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: O (X) Change () Addition
Name: CLEMONS, CAROLYN
Address: 44 WOOD ST.
City-St-Zip: DEFUNIAK SPRINGS, FL 32433

Title: S (X) Change () Addition
Name: ZIEMER, SALLY
Address: 53 W RAPHAEL RD
City-St-Zip: DEFUNIAK SPRINGS, FL 32433

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: REX GOLDEN

Electronic Signature of Signing Officer or Director

DIR.

01/05/2009

Date