


**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 07, 2003 8:00 am**  
**Secretary of State**

03-07-2003 90094 044 \*\*\*\*61.25

**DOCUMENT # N42972**

1. Entity Name  
**CARING & SHARING OF WALTON COUNTY, INC.**



Principal Place of Business      Mailing Address

**1122 N 9TH ST.**      **1122 N 9TH ST.**  
**A**      **A**  
**DEFUNIAK SPRINGS FL 32433**      **DEFUNIAK SPRINGS FL 32433**  
**US**      **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       **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**ANDREWS, ANGUS**  
**694 E BALDWIN AVE**  
**DEFUNIAK SPRINGS FL 32433**

7. Name and Address of New Registered Agent

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW: FEE IS \$61.25**      9. Election Campaign Financing Trust Fund Contribution.       **\$5.00 May Be Added to Fees**      **Make Check Payable to Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	<b>O</b>	<input type="checkbox"/> Delete
NAME	<b>HEL TON, CHUCK</b>	
STREET ADDRESS	<b>81 POLK CITY ST.</b>	
CITY-ST-ZIP	<b>FREEMONT FL 32439</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>BALDWIN, CLATIE</b>	
STREET ADDRESS	<b>41 TURNER DR.</b>	
CITY-ST-ZIP	<b>DEFUNIAK SPRINGS FL 32433</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>CAMPBELL, ANNIE R</b>	
STREET ADDRESS	<b>224 BALDWIN AVE.</b>	
CITY-ST-ZIP	<b>DEFUNIAK SPRINGS FL 32433</b>	
TITLE	<b>DP</b>	<input type="checkbox"/> Delete
NAME	<b>SZILVASY, JOYCE</b>	
STREET ADDRESS	<b>967 PINEWOOD DRIVE</b>	
CITY-ST-ZIP	<b>DEFUNIAK SPRINGS FL 32433</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>COSHEY, DON</b>	
STREET ADDRESS	<b>114 BARNES RD.</b>	
CITY-ST-ZIP	<b>LAUREL HILL FL 32567</b>	
TITLE	<b>DC</b>	<input type="checkbox"/> Delete
NAME	<b>HUGHES, RODNEY</b>	
STREET ADDRESS	<b>100 DAVIS LANE</b>	
CITY-ST-ZIP	<b>DEFUNIAK SPRINGS FL 32433</b>	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Angus Andrews* **Angus Andrews, Exec Director 3-5-03 850-892-7657**

CR2E037 (10/02)