NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999

DOCUMENT # N9500000845

1. Corporation Name

WALTON COUNTY INSTRUCTIONAL COMMUNICATIONS AND T ECHNOLOGY FOUNDATION, INC.

Principal Place of Business 145 PARK ST SUITE 5 DEFUNIAK SPRINGS FL 32433 Mailing Address

145 PARK ST SUITE 5

DEFUNIAK SPRINGS FL 32433

FILED Feb 26, 1999 8:00 am Secretary of State

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11. Durant to the provisions of Sections 617,0502 and 617,1508. Florida Statutes, the above named comporation submits this statement for the number of changing its re-	
Pursuant to the provisions of Sections of Fusion and Office of the Section of the	egistered istered
office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as regi agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.	istered
SIGNATURE Stonature, Need or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE	
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	RS IN 12
The Change	Addition
O Clark	_
NAME LAWSON, CHUCK 12 NAME Lawson, Chuck	
STREET ADDRESS PO BOX 547 N/A 1.3 STREET ADDRESS PO BOX 547	
CITY-ST-ZIP DEFUNIAK SPRINGS FL 32433 14CITY-ST-ZIP DeFuniak Springs, FL 32435	
TITLE D Al Donaldson Change	Addition
NAME RICHARDS, MIKE 181 Dolphin Drive	
STREET ADDRESS 700 W BALDWIN 23STREET ADDRESS Santa Rosa Beach, FL 32459	
CITY-ST-ZIP DEFUNIAK SPRINGS FL 32433 2.4CITY-ST-ZIP	
TITLE D DELETE 3.1 TITLE D	☐ Addition
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Rester, Jim	
Drown Fi ports	
M DELETE ATTIME TANGET DEACH, IL 5240, □ Change	Addition
The D	
Susan Adkinson	
STREET ADDRESS 145 PARK ST STE 5 43 STREET ADDRESS PO Box 301, DeFuniak Springs, FL 3	2435
CITY-ST-ZIP DEFUNIAK SPGS FL 32433 44.CITY-ST-ZIP	Addition
D Source D	K-mondon
NAME Tom Powell	
STREET ADDRESS 908 US Hwy 90 W	
CITY-ST-ZIP DeFuniak Springs, FL 32433	
	☐ Addition
TITLE DELETE 6.1 TITLE Change	
NAME DELETE 6.1 ITCE L. Change	
e o many	
NAME 6.2 NAME	

indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

1-27-99 850-892-2111