

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 17, 2004 8:00 am**  
**Secretary of State**

02-17-2004 90009 039 \*\*\*\*61.25

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                  |                                                                                     |                                                                                                           |                                                                                                                                                  |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>DOCUMENT # N95000000845</b><br>1. Entity Name<br><b>WALTON COUNTY INSTRUCTIONAL COMMUNICATIONS<br/>AND TECHNOLOGY FOUNDATION, INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                  |                                                                                     |                                                                                                           |                                                                 |  |
| Principal Place of Business<br><b>145 PARK ST<br/>SUITE 5<br/>DEFUNIAK SPRINGS, FL 32433</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                  |                                                                                     | Mailing Address<br><b>145 PARK ST<br/>SUITE 5<br/>DEFUNIAK SPRINGS, FL 32433</b>                          |                                                                                                                                                  |  |
| 2. Principal Place of Business<br><br>Suite, Apt. #, etc.<br><br>City & State<br><br>Zip                      Country                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                  |                                                                                     | 3. Mailing Address<br><br>Suite, Apt. #, etc.<br><br>City & State<br><br>Zip                      Country |                                                                                                                                                  |  |
| 4. FEI Number<br><b>31-1483766</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                  |                                                                                     | Applied For<br><input type="checkbox"/> Not Applicable                                                    |                                                                                                                                                  |  |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                  |                                                                                     | <b>\$8.75 Additional<br/>Fee Required</b>                                                                 |                                                                                                                                                  |  |
| 6. Name and Address of Current Registered Agent<br><br><b>PATTERSON, LINDA S<br/>145 PARK ST<br/>SUITE 5<br/>DEFUNIAK SPRINGS, FL 32433</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                  |                                                                                     |                                                                                                           | 7. Name and Address of New Registered Agent<br><br>Name<br><br>Street Address (P.O. Box Number is Not Acceptable)<br><br>City <b>FL</b> 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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                  |                                                                                     |                                                                                                           |                                                                                                                                                  |  |
| <b>Filing Fee is \$61.25<br/>Due by May 1, 2004</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                  | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> |                                                                                                           | <b>\$5.00 May Be<br/>Added to Fees</b>                                                                                                           |  |
| <b>Make check payable to<br/>Florida Department of State</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                  |                                                                                     |                                                                                                           |                                                                                                                                                  |  |
| <b>10. OFFICERS AND DIRECTORS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                  |                                                                                     | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>                                              |                                                                                                                                                  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | D <input type="checkbox"/> Delete<br><b>TERRELL, KAREN<br/>1701 E. CO. HWY 30A<br/>SANTA ROSA BEACH, FL 32459</b>                |                                                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                            | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | D <input type="checkbox"/> Delete<br><b>BUTLER, ALBERT<br/>1413 B CO. HWY 395<br/>SANTA ROSA BEACH, FL 32459</b>                 |                                                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                            | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | D <input type="checkbox"/> Delete<br><b>POWELL, TOM<br/>908 US HWY 90 W<br/>DEFUNIAK SPRINGS, FL</b>                             |                                                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                            | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | D <input type="checkbox"/> Delete<br><b>Janet Campbell<br/>1287 South 2nd Street<br/>DeFuniak Springs, FL 32435</b>              |                                                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                            | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | D <input type="checkbox"/> Delete<br><b>Ken Lloyd<br/>3270 Burnt Pine Ln<br/>Destin, FL 32550</b>                                |                                                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                            | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | D <input type="checkbox"/> Delete<br><b>William E. "Bill" Laird<br/>2194 County Highway 183-B<br/>DeFuniak Springs, FL 32433</b> |                                                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                            | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                |  |
| 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. |                                                                                                                                  |                                                                                     |                                                                                                           |                                                                                                                                                  |  |
| <b>SIGNATURE: <u>Albert Butler</u>      Albert Butler, President      2/10/04      850-231-4428</b><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR                      Date                      Daytime Phone #</small>                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                  |                                                                                     |                                                                                                           |                                                                                                                                                  |  |

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