

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 26, 2007 08:00 AM**  
**Secretary of State**

|                                                                                       |                                                                                   |
|---------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| <b>DOCUMENT # N95000000845</b><br>1. Entity Name<br>WALTON EDUCATION FOUNDATION, INC. |  |
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|                                                                                     |                                                                         |
|-------------------------------------------------------------------------------------|-------------------------------------------------------------------------|
| Principal Place of Business<br>145 PARK ST<br>SUITE 5<br>DEFUNIAK SPRINGS, FL 32433 | Mailing Address<br>145 PARK ST<br>SUITE 5<br>DEFUNIAK SPRINGS, FL 32433 |
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02152007 No Chg-NP CR2E037 (4/06)

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| 4. FEI Number<br>31-1483766                                                              | Applied For<br>Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required |                               |

8. Name and Address of Current Registered Agent

ANDERSON, CYNTHIA  
145 PARK ST  
SUITE 5  
DEFUNIAK SPRINGS, FL 32433

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IN THIS SPACE**

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 Cynthia Anderson Cynthia Anderson Registered Agent February 21, 2007  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

|                                                           |                                                                                                                 |                                          |
|-----------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|------------------------------------------|
| <b>Filing Fee is \$61.25</b><br><b>Due by May 1, 2007</b> | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | U00000650017<br>03/07/07-80076-003 61.25 |
|-----------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|------------------------------------------|

10. OFFICERS AND DIRECTORS

|                                                |                                                                                        |
|------------------------------------------------|----------------------------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>BURGESS, SUSAN<br>1218 SOUTH 2ND ST<br>DEFUNIAK SPRINGS, FL 32435                 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>SCHISLER, NANCY<br>619 PITTS BAYSHORE DR<br>FREEPORT, FL 32439                    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | STD<br>CAMPBELL, JANET<br>155 BAY AVE<br>DEFUNIAK SPRINGS, FL 32435                    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PD<br>LLOYD, KEN<br>3270 BURNT-PINE LN<br>DESTIN, FL 32550                             |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VPD<br>LAIRD, WILLIAM E "BILL"<br>21974 COUNTY HWY 183-B<br>DEFUNIAK SPRINGS, FL 32433 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                                        |

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 Janet B. Campbell Janet B. Campbell Feb. 21, 2007  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #  
 Sec-Treas-Director