2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2009
Secretary of State

DOCUMENT# N95000000845

Entity Name: WALTON EDUCATION FOUNDATION, INC.

Current Principal Place of Business:

145 PARK ST
SUITE 5
DEFUNIAK SPRINGS, FL 32433

New Principal Place of Business:

Current Mailing Address:

145 PARK ST
SUITE 5
DEFUNIAK SPRINGS, FL 32433

New Mailing Address:

FEI Number: 31-1483766 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SPENCE, MEREDITH
145 PARK ST
SUITE 5
DEFUNIAK SPRINGS, FL 32435 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:	D	( ) Delete
Name:	BURGESS, SUSAN	
Address:	1218 SOUTH 2ND ST	
City-St-Zip:	DEFUNIAK SPRINGS, FL 32435	
Title:	D	( ) Delete
Name:	SCHISLER, NANCY	
Address:	619 PITTS BAYSHORE DR	
City-St-Zip:	FREEPORT, FL 32439	
Title:	STD	( ) Delete
Name:	ANDERSON, CYNTHIA	
Address:	66 OAKLAWN SQUARE	
City-St-Zip:	DEFUNIAK SPRINGS, FL 32435	
Title:	PD	( ) Delete
Name:	LLOYD, KEN	
Address:	3270 BURNT PINE LN	
City-St-Zip:	DESTIN, FL 32550	
Title:	VPD	( ) Delete
Name:	LAIRD, WILLIAM E	
Address:	21974 COUNTY HWY 183-B	
City-St-Zip:	DEFUNIAK SPRINGS, FL 32433	
Title:		( ) Delete
Name:		
Address:		
City-St-Zip:		

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	VPD	(X) Change ( ) Addition
Name:	WILKERSON, MILDRED	
Address:	4995 STATE HWY 81	
City-St-Zip:	PONCE DE LEON, FL 32455	
Title:	D	( ) Change (X) Addition
Name:	WELLS, AMY L	
Address:	484 CIRCLE DRIVE	
City-St-Zip:	DEFUNIAK SPRINGS, FL 32435	

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: MILDRED WILKERSON VPD 04/22/2009

Electronic Signature of Signing Officer or Director — Date