2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 29, 2012
Secretary of State

DOCUMENT# N95000000845

Entity Name: WALTON EDUCATION FOUNDATION, INC.

Current Principal Place of Business:

145 PARK ST
SUITE 5
DEFUNIAK SPRINGS, FL 32435

New Principal Place of Business:

Current Mailing Address:

145 PARK ST
SUITE 5
DEFUNIAK SPRINGS, FL 32435

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
Name: WHITNEY, LITTY
Address: 63 S CENTRE TRAIL
City-St-Zip: SANTA ROSA BEACH, FL 32435

Title: TD
Name: COLEMAN, AMY
Address: 2441 W US HIGHWAY 98, SUITE 108
City-St-Zip: SANTA ROSA BEACH, FL 32459

Title: SD
Name: ANDERSON, CYNTHIA
Address: 66 OAKLAWN SQUARE
City-St-Zip: DEFUNIAK SPRINGS, FL 32435

Title: PD
Name: CHERENZIA, CHRISTOPHER
Address: P. O. BOX 512
City-St-Zip: DEFUNIAK SPRINGS, FL 32435

Title: VPD
Name: SCALLY, CHRISTY
Address: 4956 STATE HIGHWAY 20 E
City-St-Zip: FREEPORT, FL 32439

Title: D
Name: WELLS, AMY L
Address: 484 CIRCLE DRIVE
City-St-Zip: DEFUNIAK SPRINGS, FL 32435

I hereby 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 all other like empowered.

SIGNATURE: SUE T. BRACK FO 02/29/2012

Electronic Signature of Signing Officer or Director — Date