

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT # N95000000845

1. Entity Name
WALTON EDUCATION 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



02152007 No Chg-NP

CR2E037 (4/06)

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4. FEI Number
31-1483766

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. 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

Filing Fee is \$61.25
Due by May 1, 2007

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U00000650017
03/07/07-80076-003 61.25

10. OFFICERS AND DIRECTORS

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

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IN THIS SPACE**

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

Sec-Treas-Director

Date

Daytime Phone #