

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N13000008246

**Entity Name:** WALTON COUNTY SMALL BUSINESS ASSOCIATION, INC.

**FILED**  
**Mar 29, 2016**  
**Secretary of State**  
**CC6030101290**

**Current Principal Place of Business:**

60 CLAYTON LANE  
SUITE A  
SANTA ROSA BEACH, FL 32459

**Current Mailing Address:**

60 CLAYTON LANE  
SUITE A  
SANTA ROSA BEACH, FL 32459 US

**FEI Number: 46-4180098**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

SHIPMAN, GARY A  
60 CLAYTON LANE  
SUITE A  
SANTA ROSA BEACH, FL 32459 US

*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

**Officer/Director Detail :**

Title P  
Name ANCHORS, LARRY  
Address 60 CLAYTON LANE  
SUITE A  
City-State-Zip: SANTA ROSA BEACH FL 32459

Title VP  
Name MCQUISTON, BONNIE  
Address 60 CLAYTON LANE  
SUITE A  
City-State-Zip: SANTA ROSA BEACH FL 32459

Title T  
Name PETIT, LOUIS  
Address 60 CLAYTON LANE  
SUITE A  
City-State-Zip: SANTA ROSA BEACH FL 32459

Title S  
Name PEEBLES, CHERI  
Address 60 CLAYTON LANE  
SUITE A  
City-State-Zip: SANTA ROSA BEACH FL 32459

Title MEM  
Name DUNN, WILL  
Address 60 CLAYTON LANE  
SUITE A  
City-State-Zip: SANTA ROSA BEACH FL 32459

Title MEM  
Name MCTIGHE, JACK  
Address 60 CLAYTON LANE  
SUITE A  
City-State-Zip: SANTA ROSA BEACH FL 32459

Title MEM  
Name NICK, TREY  
Address 60 CLAYTON LANE  
SUITE A  
City-State-Zip: SANTA ROSA BEACH FL 32459

Title MEM  
Name SCHISSLER, WILLIAM  
Address 60 CLAYTON LANE  
SUITE A  
City-State-Zip: SANTA ROSA BEACH FL 32459

*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: LARRY ANCHORS**

**PRESIDENT**

**03/29/2016**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date