

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

DOCUMENT# N42972

**Entity Name:** CARING & SHARING OF WALTON COUNTY, INC.

**FILED**  
**Jan 14, 2016**  
**Secretary of State**  
**CC8494314782**

**Current Principal Place of Business:**

1122 N 9TH ST.  
A  
DEFUNIAK SPRINGS, FL 32433

**Current Mailing Address:**

1122 N 9TH ST.  
A  
DEFUNIAK SPRINGS, FL 32433 US

**FEI Number: 59-3074250**

**Certificate of Status Desired: No**

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

LEDBETTER, BETHANY  
1122A NORTH 9TH ST.  
DEFUNIAK SPRINGS, FL 32433 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: BETHANY LEDBETTER**

**01/14/2016**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title P  
Name RAMOS, NICK  
Address 155 N. 8TH STREET  
City-State-Zip: DEFUNIAK SPRINGS FL 32433

Title O  
Name PARKER, ANITA  
Address 52 AERO DRIVE  
City-State-Zip: DEFUNIAK SPRINGS FL 32433

Title 0  
Name MONTGOMERY, AMANDA  
Address 727 W.C. CURRINGTON RD  
City-State-Zip: PONCE DE LEON FL 32455

Title O  
Name BROCE, BARBARA  
Address 527 PASSION FLOWER ST  
City-State-Zip: DEFUNIAK SPRINGS FL 32433

Title VP  
Name MONTGOMERY, ROYCE  
Address 2285 W.C. CURRINGTON RD  
City-State-Zip: PONCE DE LEON FL 32455

Title O  
Name HARDEE, TAMMY  
Address 3586 US HWY 90 W  
City-State-Zip: DEFUNIAK SPRINGS FL 32433

*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: NICK RAMOS**

**PRESIDENT**

**01/14/2016**

Electronic Signature of Signing Officer/Director Detail

Date