

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N42972

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

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:

MCCORKLE, 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 MCCORKLE

01/07/2019

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name BROCE, BARBARA
Address 527 PASSION FLOWER ST
City-State-Zip: DEFUNIAK SPRINGS FL 32433-2801

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

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

Title VP
Name HOGANS, ANNA
Address 112 BLUE RIDGE BLVD
City-State-Zip: DEFUNIAK SPRINGS FL 32433

Title OFFICER
Name CRAIN, SUSAN
Address 3388 COLLINSWORTH RD
City-State-Zip: WESTVILLE FL 32464

Title OTHER, MANAGER
Name MCCORKLE, BETHANY
Address 1122 A NORTH 9TH ST
City-State-Zip: DEFUNIAK SPRINGS FL 32433

Title OFFICER
Name MIRACLE, JOSH
Address 791 PINWOOD DR
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: BETHANY MCCORKLE

MANAGER

01/07/2019

Electronic Signature of Signing Officer/Director Detail

Date