

2015 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:

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

01/09/2015

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title P
Name MESSER, ALBA
Address 366 PARADISE ISLAND RD
City-State-Zip: DEFUNIAK SPRINGS FL 32433

Title O
Name JENSEN, LOIS
Address 366 PARADISE ISLAND DR
City-State-Zip: DEFUNIAK SPRINGS FL 32433

Title 0
Name ROTE, PHIL
Address 366 PARADISE ISLAND DR.
City-State-Zip: DEFUNIAK SPRINGS FL 32433

Title O
Name MESSER, SCOTT
Address 366 PARADISE ISLAND DR.
City-State-Zip: DEFUNIAK SPRINGS FL 32433

Title O
Name OATMAN, ROSS
Address 366 PARADISE ISLAND DR
City-State-Zip: DEFUNIAK SPRINGS FL 32433

Title O
Name SMITH, LINDA
Address 269 PINE SHORE 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: ALBA MESSER

PRESIDENT

01/09/2015

Electronic Signature of Signing Officer/Director Detail

Date