

2021 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:

BROCE, BARBARA
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: BARBARA BROCE

01/06/2021

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

Title OFFICER
Name VESTAL, CYNTHIA
Address 649 BAY AVE
City-State-Zip: DEFUNIAK SPRINGS FL 32433

Title VP
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: BARBARA BROCE

PRESIDENT

01/06/2021

Electronic Signature of Signing Officer/Director Detail

Date