

**2014 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**

**01/08/2014**

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**

**01/08/2014**

Electronic Signature of Signing Officer/Director Detail

Date