

**2017 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**

**01/09/2017**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

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

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            BROCE, BARBARA  
Address        527 PASSION FLOWER ST  
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            LEDBETTER, BETHANY  
Address        P.O. BOX 104  
City-State-Zip: DEFUNIAK SPRINGS FL 32435

*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 LEDBETTER**

**MANAGER**

**01/09/2017**

Electronic Signature of Signing Officer/Director Detail

Date