#### **2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N95000000845

Entity Name: WALTON EDUCATION FOUNDATION, INC.

FILED
Mar 17, 2023
Secretary of State
8187206101CC

### **Current Principal Place of Business:**

145 S PARK ST SUITE 3

DEFUNIAK SPRINGS, FL 32435

## **Current Mailing Address:**

145 S PARK ST SUITE 3

DEFUNIAK SPRINGS, FL 32435 US

FEI Number: 31-1483755 Certificate of Status Desired: Yes

# Name and Address of Current Registered Agent:

HARP, LINDSEY R 145 S PARK ST SUITE 3

DEFUNIAK SPRINGS, FL 32435 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: LINDSEY R HARP 03/17/2023

Electronic Signature of Registered Agent Date

#### Officer/Director Detail:

Title DIRECTOR Title EXECUTIVE DIRECTOR

Name KILGORE-WOODS, GABRIELLE Name HARP, LINDSEY R

Address 63 S. CENTRE TRAIL Address 145 S PARK ST
SUITE 3

City-State-Zip: SANTA ROSA BEACH FL 32459

ty-State-Zip: DEFUNIAK SPRINGS FL 32435

Title DIRECTOR Title BOARD MEMBER
Name GILBERT, BRYAN

Address 1350 BALDWIN AVE Name KAUFFMAN, LOUISA

Address 145 S PARK ST

City-State-Zip: DEFUNIAK SPRINGS FL 32435 City-State-Zip: DEFUNIAK SPRINGS FL 32435

Title WCSD LIAISON Title TREASURER

NameHAWTHORNE, JENNIFER DR.NameBRYAN, LAURENAddress145 S PARK STAddress1350 BALDWIN AVE

City-State-Zip: DEFUNIAK SPRINGS FL 32435 City-State-Zip: DEFUNIAK SPRINGS FL 32435

Title PRESIDENT / CHIEF EXECUTIVE Title DIRECTOR

OFFICER TIME DIRECTOR

NamePHANEUF, SCARLETTNameSPENCE, MEREDITHAddress2027 EAST THREE NOTCH STREETAddress1300 BAY GROVE ROAD

City-State-Zip: ANDALUSIA AL 36420 City-State-Zip: FREEPORT FL 32439

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: LINDSEY RYAN HARP

EXECUTIVE DIRECTOR

03/17/2023