2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000000845

Entity Name: WALTON EDUCATION FOUNDATION, INC.

FILED
Mar 05, 2013
Secretary of State
CC8611265898

Current Principal Place of Business:

145 PARK ST SUITE 5

DEFUNIAK SPRINGS, FL 32435

Current Mailing Address:

145 PARK ST SUITE 5

DEFUNIAK SPRINGS, FL 32435

FEI Number: 31-1483766 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

DOGGETT, MICHELLE 145 PARK ST SUITE 5

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: MICHELLE DOGGETT

03/05/2013

Electronic Signature of Registered Agent

Date

Officer/Director Detail:

Title D Title TD

Name WHITNEY, KITTY Name COLEMAN, AMY

Address 63 S CENTRE TRAIL Address 2441 W US HIGHWAY 98, SUITE 108

City-State-Zip: SANTA ROSA BEACH FL 32435 City-State-Zip: SANTA ROSA BEACH FL 32459

Title DIRECTOR Title PD

Name ANDERSON, CYNTHIA Name CARR, MH

Address 66 OAKLAWN SQUARE Address 74 CHRYSLER AVENUE

City-State-Zip: DEFUNIAK SPRINGS FL 32435 City-State-Zip: SANTA ROSA BEACH FL 32459

Title VPD Title D

Name CAMPBELL, KEVIN Name WELLS, AMY L

Address P. O. BOX 512 Address 484 CIRCLE DRIVE

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

Title SECRETARY, DIRECTOR Title DIRECTOR

Name PILCHER, MELISSA Name CROZIER, WYNDY

Address 1742 BAY GROVE ROAD Address 15381 US HWY 331 SOUTH

City-State-Zip: FREEPORT FL 32439 City-State-Zip: FREEPORT FL 32439

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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: KEVIN CAMPBELL

VICE PRESIDENT

03/05/2013

Officer/Director Detail Continued:

Title DIRECTOR Title DIRECTOR

NameHARRISON, LESANameKILBERG, KELLIE JOAddress1300 HILL STREETAddress63 S CENTRE TRAIL

City-State-Zip: DEFUNIAK SPRINGS FL 32435 City-State-Zip: SANTA ROSA BEACH FL 32459

Title DIRECTOR Title DIRECTOR

NameLEDDON, FAYENamePRESNELL, LINDAAddress194 BUD MCBROOM ROADAddress2920 S HWY 395

City-State-Zip: DEFUNIAK SPRINGS FL 32433 City-State-Zip: SANTA ROSA BEACH FL 32459