**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**
**Jan 28, 2015**
**Secretary of State**
**CC5603074936**

DOCUMENT# N95000000845

**Entity Name:** WALTON EDUCATION FOUNDATION, INC.

**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: 31-1483755**

**Certificate of Status Desired:** Yes

**Name and Address of Current Registered Agent:**

CARR, MH
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: MH CARR 01/28/2015

Electronic Signature of Registered Agent — Date

**Officer/Director Detail :**

| | |
|---|---|
| Title | TD |
| Name | COLEMAN, AMY |
| Address | 2441 W US HIGHWAY 98, SUITE 108 |
| City-State-Zip: | SANTA ROSA BEACH FL 32459 |

| | |
|---|---|
| Title | SECRETARY, DIRECTOR |
| Name | PILCHER, MELISSA |
| Address | 1742 BAY GROVE ROAD |
| City-State-Zip: | FREEPORT FL 32439 |

| | |
|---|---|
| Title | DIRECTOR |
| Name | HARRISON, LESA |
| Address | 1300 HILL STREET |
| City-State-Zip: | DEFUNIAK SPRINGS FL 32435 |

| | |
|---|---|
| Title | DIRECTOR |
| Name | PRESNELL, LINDA |
| Address | 2920 S HWY 395 |
| City-State-Zip: | SANTA ROSA BEACH FL 32459 |

| | |
|---|---|
| Title | PRESIDENT |
| Name | CAMPBELL, KEVIN |
| Address | P. O. BOX 512 |
| City-State-Zip: | DEFUNIAK SPRINGS, FL 32435 |

| | |
|---|---|
| Title | DIRECTOR |
| Name | CROZIER, WYNDY |
| Address | 15381 US HWY 331 SOUTH |
| City-State-Zip: | FREEPORT FL 32439 |

| | |
|---|---|
| Title | DIRECTOR |
| Name | KILBERG, KELLIE JO |
| Address | 63 S CENTRE TRAIL |
| City-State-Zip: | SANTA ROSA BEACH FL 32459 |

| | |
|---|---|
| Title | DIRECTOR |
| Name | HARRISON, MEGAN |
| Address | 360 WEST SHIPWRECK ROAD |
| City-State-Zip: | SANTA ROSA BEACH FL 32459 |

**Continues on page 2**

*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: MH CARR EXECUTIVE DIRECTOR 01/28/2015

Electronic Signature of Signing Officer/Director Detail — Date

**Officer/Director Detail Continued :**

| | |
|---|---|
| Title | DIRECTOR |
| Name | NORWOOD, MEG |
| Address | 131 RIVERCREST CIRCLE |
| City-State-Zip: | SANTA ROSA BEACH FL 32459 |

| | |
|---|---|
| Title | DIRECTOR |
| Name | MILLER, ALEXIS |
| Address | 135 W GEORGIE STREET |
| City-State-Zip: | SANTA ROSA BEACH FL 32459 |