


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90446 047 ****61.25

DOCUMENT # 713409 1. Entity Name WALTON COUNTY CITIZENS ADVISORY COUNCIL ON AGING, INC.					
Principal Place of Business 1154 BALDWIN AVE. P O BOX 648 DEFUNIAK SPGS, FL 32433 US				Mailing Address PO BOX 648 DEFUNIAK SPRINGS, FL 32435 US	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-1145224	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
RYAN, GENE 143 MCGARIGLE RD S DEFUNIAK SPRINGS, FL 32435				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	T	<input type="checkbox"/> Delete	TITLE	Roy McLeod	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CAMPBELL, ANNIE R		NAME	193 Florence St	
STREET ADDRESS	612 EAST BALDWIN AVE		STREET ADDRESS	DeFuniaK Springs FL 32433	
CITY-ST-ZIP	DEFUNIAK SPRINGS, FL		CITY-ST-ZIP		
TITLE	P	<input type="checkbox"/> Delete	TITLE	Steve Callahan	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RYAN, GENE		NAME	9162 Hwy 90 W	
STREET ADDRESS	143 MCGARIGLE RD. S		STREET ADDRESS	DeFuniaK Springs FL 32433	
CITY-ST-ZIP	DEFUNIAK SPRINGS, FL 32435		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	Harold Carpenter	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HERBERT, PATTERSON		NAME	298 Van Buren Ave	
STREET ADDRESS	1084 INGLE RD		STREET ADDRESS	DeFuniaK Springs FL 32435	
CITY-ST-ZIP	DEFUNIAK SPRINGS, FL 32433		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	Cludy Meadows	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PAUL, JOEL		NAME	90 Spires lanes unit 7-A	
STREET ADDRESS	P.O. BOX 909		STREET ADDRESS	Santa Rosa Beach FL 32459	
CITY-ST-ZIP	DEFUNIAK SPRINGS, FL 32435		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WALLACE, IDA		NAME	Billy Roberts	
STREET ADDRESS	1052 GOODMAN RD		STREET ADDRESS	132 Pointe Circle	
CITY-ST-ZIP	DEFUNIAK SPRINGS, FL 32435		CITY-ST-ZIP	Santa Rosa Beach FL 32459	
TITLE	D	<input type="checkbox"/> Delete	TITLE		
NAME	HUFFMAN, PATTI		NAME		
STREET ADDRESS	11986 HWY 90		STREET ADDRESS		
CITY-ST-ZIP	DEFUNIAK SPRINGS, FL 32433		CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>Kay Beach</u> <u>Director</u>			<u>19 Apr 06</u> <u>850-892-8166</u>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		

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