2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

SIGNATURE: 1/1/2/2/2)
SIGNATURE AND TYPED ON PRINTED JOINE OF SIGNING OFFICER ON DIRECTOR

Secretary of State DOCUMENT #713409 01-11-2008 90076 029 ****61.25 WALTON COUNTY CITIZENS ADVISORY COUNCIL ON AGING, INC. Principal Place of Business Mailing Address 40000---1154 BALDWIN AVE. PO BOX 648 **DEFUNIAK SPRINGS, FL 32435** P 0 BOX 648 DEFUNIAK SPGS, FL 32433 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01072008 Chg-NP CR2E037 (12/06) 4. FEI Number 59-1145224 Applied For City & State City & State Not Applicable Zip Zip Country \$8.75 Additional Country 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name RYAN, GENE Street Address (P.O. Box Number is Not Acceptable) 143 MCGARIGLE RD S DEFUNIAK SPRINGS, FL 32435 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 (NOTE Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable 9. Election Campaign Financing Make check payable to Filing Fee is \$61.25 \$5.00 May Be Florida Department of State Due by May 1, 2008 Trust Fund Contribution. Added to Fe ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. ☐ Delete Ditector TITLE CAMPBELL, ANNIE R Steve Callahan NAME NAME 9/62 Hwy 90 W SEFUNIAL SPRINGS FL 32433 STREET ADDRESS 612 EAST BALDWIN AVE STREET ADDRESS DEFUNIAK SPRINGS, FL CITY-ST-7IP CITY-ST-ZIP TITLE TITLE ☐ Delete Director RYAN, GENE NAME NAME Roy McLead STREET ADDRESS STREET ADDRESS 143 MCGARIGLE RD S Defuniale springs CITY-ST-ZIP DEFUNIAK SPRINGS, FL 32435 CITY-ST-ZIP Delete TITLE Kay Brady in Ave CARPENTER, HAROLD NAME NAME 298 VAN BURON AVE STREET ADDRESS STREET ADDRESS DEFUNIAK SPRINGS, FL 32435 CITY-ST-ZIP Defuniale Springs FL 32435 CITY-ST-ZIP TITLE ח Delete RILLE NAME MEADOWS, CINDY NAME STREET ADDRESS STREET ADDRESS 90 SPIRES LANES UNIT 7-A CITY-ST-ZiP SANTA ROSA BEACH, FL 32459 CITY-ST-ZIP ■ Addition s Delete TITLE TITLE NAME WALLACE, IDA NAME 1052 GOODMAN RD STREET ADDRESS STREET ADDRESS DEFUNIAK SPRINGS, FL 32435 CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE ROBERTS, BILLY NAME NAME STREET ADDRESS 132 POINTE CIR STREET ADDRESS SANTA ROSA BEACH, FL 32459 CITY-\$1-71P 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.

FILED Jan 11, 2008 8:00 am

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