


**FILED**  
**Jan 11, 2008 8:00 am**  
**Secretary of State**

400000 -

<b>DOCUMENT # 713409</b>			
1. Entity Name WALTON COUNTY CITIZENS ADVISORY COUNCIL ON AGING, INC.		01-11-2008 90076 029 ****61.25	
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 - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
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 FL Zip Code	
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 _____		DATE _____	
Filing Fee is \$61.25 Due by May 1, 2008		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 NAME STREET ADDRESS CITY-ST-ZIP	T CAMPBELL, ANNIE R 612 EAST BALDWIN AVE DEFUNIAK SPRINGS, FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Steve Callahan 9162 Hwy 90 W Defuniak Springs FL 32433
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RYAN, GENE 143 MCGARIGLE RD. S DEFUNIAK SPRINGS, FL 32435	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Roy McLeod 193 Florence St Defuniak Springs FL 32433
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CARPENTER, HAROLD 298 VAN BURON AVE DEFUNIAK SPRINGS, FL 32435	TITLE NAME STREET ADDRESS CITY-ST-ZIP	M Ray Brady 1154 Baldwin Ave Defuniak Springs FL 32435
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MEADOWS, CINDY 90 SPIRES LANES UNIT 7-A SANTA ROSA BEACH, FL 32459	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WALLACE, IDA 1052 GOODMAN RD DEFUNIAK SPRINGS, FL 32435	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ROBERTS, BILLY 132 POINTE CIR SANTA ROSA BEACH, FL 32459	TITLE NAME STREET ADDRESS 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: _____		7 JAN 08	