2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#713409

FILED Jan 04, 2010 Secretary of State

Entity Name: WALTON COUNTY CITIZENS ADVISORY COUNCIL ON AGING, INC.

Current Principal Place of Business: New Principal Place of Business:

1154 BALDWIN AVE.

DEFUNIAK SPGS, FL 32433 US

Current Mailing Address: New Mailing Address:

PO BOX 648

DEFUNIAK SPRINGS, FL 32435 US

FEI Number: 59-1145224 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

RYAN, GENE 143 MCGARIGLE RD S

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:

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title:

Name: CAMPBELL, ANNIE R Address: 612 EAST BALDWIN AVE City-St-Zip: DEFUNIAK SPRINGS, FL

Title: F

Name: RYAN, GENE

Address: 143 MCGARIGLE RD. S

City-St-Zip: DEFUNIAK SPRINGS, FL 32435

Title:

Name: FOLIGA, DON Address: 82 WHITE HERON DR

City-St-Zip: SANTA ROSA BEACH, FL 32459

Title:

Name: ENNIS, HENRY Address: 679 BAY AVE

City-St-Zip: DEFUNIAK SPRINGS, FL 32435

Title:

Name: CALLAHAN, STEVE Address: 9162 HWY 90 W

City-St-Zip: DEFUNIAK SPRINGS, FL 32433

Title: VP

Name: ROBERTS, BILLY Address: 132 POINTE CIR

City-St-Zip: SANTA ROSA BEACH, FL 32459

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: KAY BRADY DIRE 01/04/2010