

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 713409

FILED  
Jan 03, 2012  
Secretary of State

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

**Current Principal Place of Business:**

1154 BALDWIN AVE.  
DEFUNIAK SPGS, FL 32433 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 648  
DEFUNIAK SPRINGS, FL 32435 US

**New Mailing Address:**

**FEI Number:** 59-1145224

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

RYAN, GENE  
143 MCGARIGLE RD S  
DEFUNIAK SPRINGS, FL 32435 US

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

BRADY, KAY  
1154 BALDWIN AVE  
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: KAY BRADY

01/03/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: RYAN, GENE  
Address: 143 MCGARIGLE RD. S  
City-St-Zip: DEFUNIAK SPRINGS, FL 32435

Title: S  
Name: WILLIAMSON, JUNE  
Address: 128 PINE ST  
City-St-Zip: DEFUNIAK SPRINGS, FL 32433

Title: T  
Name: ENNIS, HENRY  
Address: 679 BAY AVE  
City-St-Zip: DEFUNIAK SPRINGS, FL 32435

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

DIR

01/03/2012

Electronic Signature of Signing Officer or Director

Date