

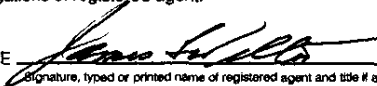
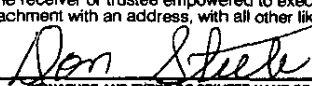


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 17, 2004 8:00 am**  
**Secretary of State**

05-17-2004 90010 012 \*\*\*\*61.25

<b>DOCUMENT # 731511</b> 1. Entity Name <b>WALTON COUNTY ASSOCIATION FOR RETARDED CITIZENS, INC.</b>					
Principal Place of Business 1408 STATE HWY 83 P.O. BOX 813 DEFUNIAK SPRINGS, FL 32433 US			Mailing Address P.O. BOX 813 DEFUNIAK SPRINGS, FL 32435-0813 US		
2. Principal Place of Business		3. Mailing Address		<div style="font-size: 24px; font-weight: bold; margin-bottom: 10px;">24075050</div> 	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number <b>59-1614147</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>WELTON, JAMES</b> <b>1408A STATE HIGHWAY 83</b> <b>DEFUNIAK SPRINGS, FL 32433</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b></span> 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 		<b>James Welton</b> <small>(NOTE: Registered Agent signature required when reinstating)</small>		<b>4/30/04</b> <small>DATE</small>	
<b>Filing Fee is \$61.25</b> <b>Due by September 8, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S YOUNG, WILLIAM 8783 STATE HIGHWAY 83N DEFUNIAK SPRINGS, FL 32433	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Burgess, Ron PO Box 301 DeFuniak Springs, FL 32435	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP YATES, LINDA 385 COUNTY HWY 185 DEFUNIAK SPRINGS, FL 32433	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Wright, Kermit 615 Lakeview Dr. DeFuniak Springs, FL 32433	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BULA, HOWARD 941 STATE ROAD 2A DEFUNIAK SPRINGS, FL	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Merrifield, Sally PO Box 454 Paxton, FL 32538	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T STEELE, DON 501 LAKEVIEW DRIVE DEFUNIAK SPRINGS, FL 32433	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Miles, W.F. 403 Bruce Avenue DeFuniak Springs, FL 32435	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FULLER, RUTH 5102 STATE HIGHWAY 2 EAST WESTVILLE, FL 32464	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Richardson, Florence 4646 Co. Highway 1087 DeFuniak Springs, FL 32433	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SALTSMAN, JOHN 1215 WALTON ROAD DEFUNIAK SPRINGS, FL 32433	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Wilkerson, Robert 1589 Highway 185 Westville, FL 32464	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.					
<b>SIGNATURE:</b> 		<b>4/30/04</b>		<b>850-892-7539</b>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small>	

ATTACHMENT 24075890  
# 731511



## Division of Corporations

### 2004 Annual Report

Listed below is the most recent information reported for the entity.  
Please review and click the appropriate button at the bottom to generate the annual  
report form.

This information cannot be changed on the report.	
Document Number	731511
Business Entity Name	WALTON COUNTY ASSOCIATION FOR RETARDED CITIZENS, INC.
Original File Date	12/31/1974

FEI Number 59-1614147

Principal Address 1408 STATE HWY 83  
P.O. BOX 813  
DEFUNIAK SPRINGS, FL 32433 US

Mailing Address P.O. BOX 813  
DEFUNIAK SPRINGS, FL 324350813 US

Registered Agent JAMES WELTON  
1408A STATE HIGHWAY 83  
DEFUNIAK SPRINGS, FL 32433 US

#### Officer/Director Name And Address

S  
WILLIAM YOUNG  
8783 STATE HIGHWAY 83N  
DEFUNIAK SPRINGS, FL 32433

VP  
LINDA YATES  
385 COUNTY HWY 185  
DEFUNIAK SPRINGS, FL 32433

D  
HOWARD BULA  
941 STATE ROAD 2A  
DEFUNIAK SPRINGS, FL

ATTACHMENT

# 731511 24075840

http://www.sunbiz.org/scripts/ubrform1.exe

Division of Corporations

5/11/04

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T  
DON STEELE  
501 LAKEVIEW DRIVE  
DEFUNIAK SPRINGS, FL 32433

D  
RUTH FULLER  
5102 STATE HIGHWAY 2 EAST  
WESTVILLE, FL 32464

P  
JOHN SALTSMAN  
1215 WALTON ROAD  
DEFUNIAK SPRINGS, FL 32433

If all of the above information is correct and you do not wish to make any changes, please select:

No Changes

If you need to make changes to the above information, please select:

Make Changes

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