

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2005 8:00 am
Secretary of State

04-14-2005 90113 032 ****61.25

DOCUMENT # 731511

1. Entity Name
**WALTON COUNTY ASSOCIATION FOR RETARDED
CITIZENS, INC.**



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

20033536



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01172005 Chg-NP CR2E037 (10/03)

4. FEI Number
59-1614147

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name
Wright, Kermit
Street Address (P.O. Box Number is Not Acceptable)
1408A State Highway 83

City
DeFuniak Springs FL 32433

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 **Kermit Wright, Executive Director**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

04/09/2005

DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **S** ☐ Delete
NAME **YOUNG, WILLIAM**
STREET ADDRESS **8783 STATE HIGHWAY 83N**
CITY-ST-ZIP **DEFUNIAK SPRINGS, FL 32433**

TITLE **VP** ☐ Delete
NAME **YATES, LINDA**
STREET ADDRESS **385 COUNTY HWY 185**
CITY-ST-ZIP **DEFUNIAK SPRINGS, FL 32433**

TITLE **D** ☐ Delete
NAME **BURGESS, RON**
STREET ADDRESS **P.O. BOX 301**
CITY-ST-ZIP **DEFUNIAK SPRINGS, FL 32435**

TITLE **T** ☐ Delete
NAME **STEELE, DON**
STREET ADDRESS **501 LAKEVIEW DRIVE**
CITY-ST-ZIP **DEFUNIAK SPRINGS, FL 32433**

TITLE **D** ☒ Delete
NAME **WRIGHT, KERMIT**
STREET ADDRESS **615 LAKEVIEW DR.**
CITY-ST-ZIP **DEFUNIAK SPRINGS, FL 32433**

TITLE **P** ☐ Delete
NAME **SALTSMAN, JOHN**
STREET ADDRESS **1215 WALTON ROAD**
CITY-ST-ZIP **DEFUNIAK SPRINGS, FL 32433**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **Director** ☐ Change ☒ Addition
NAME **Wilkerson, Robert**
STREET ADDRESS **1589 Highway 185**
CITY-ST-ZIP **Westville, FL 32464**

TITLE **Director** ☐ Change ☒ Addition
NAME **Thomas Miles, W.F.**
STREET ADDRESS **403 Bruce Avenue**
CITY-ST-ZIP **DeFuniak Springs, FL 32435**

TITLE **Director** ☐ Change ☒ Addition
NAME **Merrifield, Sally**
STREET ADDRESS **137 Pridgen Drive**
CITY-ST-ZIP **Paxton, FL 32538**

TITLE **Director** ☐ Change ☒ Addition
NAME **Thomas Brooks, Thomas**
STREET ADDRESS **2061 Highway 83N**
CITY-ST-ZIP **DeFuniak Springs, FL 32433**

TITLE **Director** ☒ Change ☒ Addition
NAME **Richardson, Florence**
STREET ADDRESS **4646 Co. Hwy 1087**
CITY-ST-ZIP **DeFuniak Springs, FL 32433**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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.

SIGNATURE: **Kermit Wright, Executive Director 4/09/05 850/892-5013 Ext.5**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #