

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 731511

FILED
Aug 16, 2006
Secretary of State

Entity Name: WALTON COUNTY ASSOCIATION FOR RETARDED CITIZENS, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 59-1614147 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

WRIGHT, KERMIT
1408A STATE HWY 83
DEFUNIAK SPRINGS, FL 32433 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: S () Delete
Name: YOUNG, WILLIAM
Address: 8783 STATE HIGHWAY 83N
City-St-Zip: DEFUNIAK SPRINGS, FL 32433

Title: VP () Delete
Name: YATES, LINDA
Address: 385 COUNTY HWY 185
City-St-Zip: DEFUNIAK SPRINGS, FL 32433

Title: D () Delete
Name: BURGESS, RON
Address: P.O. BOX 301
City-St-Zip: DEFUNIAK SPRINGS, FL 32435

Title: T () Delete
Name: STEELE, DON
Address: 501 LAKEVIEW DRIVE
City-St-Zip: DEFUNIAK SPRINGS, FL 32433

Title: D () Delete
Name: WILKERSON, ROBERT
Address: 1589 HWY 185
City-St-Zip: WESTVILLE, FL 32464

Title: P () Delete
Name: SALTSMAN, JOHN
Address: 1215 WALTON ROAD
City-St-Zip: DEFUNIAK SPRINGS, FL 32433

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: JOHN SALTSMAN

P

08/16/2006

Electronic Signature of Signing Officer or Director

Date