
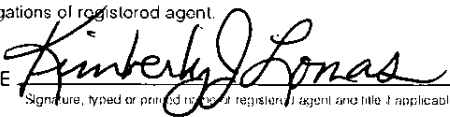
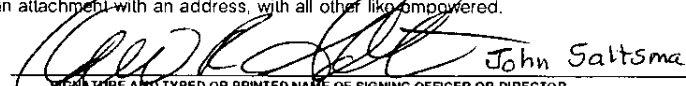


2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT (AR)

FILED  
Mar 23, 2007 8:00 am  
Secretary of State

03-23-2007 90024 015 \*\*\*\*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 - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 59-1614147		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent <b>WRIGHT, KERMIT 1408A STATE HWY 83 DEFUNIAK SPRINGS FL 32433</b>		7. Name and Address of New Registered Agent Name <b>Kimberly Lonas</b> Street Address (P.O. Box Number is Not Acceptable) <b>1408A State Highway 83N</b> City <b>DeFuniak Springs</b> <b>FL</b> Zip Code <b>32433</b>	
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>Kimberly Lonas, Executive Director</b> 3/09/07 <small>(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering))</small>			
<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>Make Check Payable to Florida Department of State</b>			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
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	<input type="checkbox"/> Change <input 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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BURGESS, RON P.O. BOX 301 DEFUNIAK SPRINGS FL 32435 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input 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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D WILKERSON, ROBERT 1589 HWY 185 WESTVILLE FL 32464 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input 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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:  <b>John Saltzman</b> 3/15/07 (850) 333-0275 <small>(Signature and typed or printed name of signing officer or director)</small>			