

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 10, 2008 08:00 AM
Secretary of State

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**



02272008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

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

**LONAS, KIMBERLY
1408A STATE HWY 83N
DEFUNIAK SPRINGS, FL 32433**

**DO NOT WRITE
IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

**U000000853888
03/26/08-80086-012 61.25**

10. OFFICERS AND DIRECTORS

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

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

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
WILKERSON, ROBERT
1589 HWY 185
WESTVILLE, FL 32484**

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

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

Kimberly Lonas **Kimberly Lonas**

2/27/08

(850) 897-5013

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #