

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 731511

FILED  
Feb 03, 2009  
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:**

1408 STATE HWY 83  
DEFUNIAK SPRINGS, FL 32433 US

**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 ( )**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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 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 R. SALTSMAN

P

02/03/2009

Electronic Signature of Signing Officer or Director

Date