

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 731511

**FILED**  
**Mar 24, 2010**  
**Secretary of State**

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

**Current Principal Place of Business:**

1408 STATE HWY 83  
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 ( )**

**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  
Name: YOUNG, WILLIAM  
Address: 8783 STATE HIGHWAY 83N  
City-St-Zip: DEFUNIAK SPRINGS, FL 32433

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

Title: D  
Name: RICHARDSON, FLORENCE  
Address: 466 COUNTY HIGHWAY 1087  
City-St-Zip: DEFUNIAK SPRINGS, FL 32433

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

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

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

I hereby 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 all other like empowered.

SIGNATURE: KIMBERLY LONAS

E.D.

03/24/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date