2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 03, 2011
Secretary of State

DOCUMENT# 731511

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:

1408A 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
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: 4646 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. 02/03/2011

Electronic Signature of Signing Officer or Director — Date