

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 17, 2003 8:00 am**  
**Secretary of State**

02-17-2003 90263 009 \*\*\*\*70.00

**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**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

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 ☒ **\$8.75 Additional**

**Fee Required**

6. Name and Address of Current Registered Agent

**WELTON, JAMES  
1408A STATE HIGHWAY 83  
DEFUNIAK SPRINGS FL 32433**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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

*James Welton*

**James Welton, Executive director**

**02/10/2003**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

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

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

TITLE **D** ☐ Delete  
NAME **BULA, HOWARD**  
STREET ADDRESS **941 STATE ROAD 2A**  
CITY-ST-ZIP **DEFUNIAK SPRINGS FL**

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

TITLE **D** ☐ Delete  
NAME **FULLER, RUTH**  
STREET ADDRESS **5102 STATE HIGHWAY 2 EAST**  
CITY-ST-ZIP **WESTVILLE FL 32464**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

*Don Steele*

**James Don Steele**

**2/11/03**

**850/892-7539**

CR2E037 (10/02)