


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 24, 2005 8:00 am
Secretary of State

03-24-2005 90036 019 ****70.00

DOCUMENT # 764111				
1. Entity Name WALTON COUNTY TAXPAYERS ASSOCIATION, INC.				
Principal Place of Business 14 ALLIGATOR COVE. SANTA ROSA BEACH FL 32459		Mailing Address P O BOX 1085 SANTA ROSA BCH FL 32459		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		
City & State		City & State		
Zip	Country	Zip	Country	



1st MOORE CR2E037 (10/04)

4. FEI Number 59-2252624	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent MCQUISTON, BONNIE 14 ALLIGATOR COVE SANTA ROSA BEACH FL 32459		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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

FILE NOW: FEE IS \$61.25 Due By May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	OP GILBERT, MAURICE 59 SANTA CLARA ST SANTA ROSA BEACH FL 32459 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES. BONNIE MCQUISTON <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 14 ALLIGATOR COVE SANTA ROSA BEACH, FL 32459
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS MCQUISTON, BONNIE 14 ALLEGATOR DR SANTA ROSA BEACH FL 32459 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY: ELLA D'AUTLIA <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition P.O. Box 1608 SANTA ROSA BEACH, FL 32459
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP JONES, CECILIA 1136 TEN LAKE DR DEFUNIAK SPRINGS FL 32433 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HILTON LAWSON 616 SHELTER COVE DR SANTA ROSA BEACH FL 32459 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HILTON LAWSON <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 423 HIDDEN LAKE TRAIL DEFUNIAK SPRINGS, FL 32433
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T PRESSNELL, LINDA #2 BEACHFRONT TRAIL SANTA ROSA BEACH FL 32459 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T LINDA PRESSNELL <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2920 SOUTH Co. HIGHWAY 395 SEAGROVE BEACH, FL 32459
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCGEE, TOM 383 LAKEVIEW DRIVE SANTA ROSA BEACH FL 32459 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Bonnie McQuiston* / **BONNIE MCQUISTON**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/1/05 850-231-1469

Date

Daytime Phone #