

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 764111

FILED  
Apr 25, 2007  
Secretary of State

**Entity Name:** WALTON COUNTY TAXPAYERS ASSOCIATION, INC.

**Current Principal Place of Business:**

14 ALLIGATOR COVE  
SANTA ROSA BEACH, FL 32459

**New Principal Place of Business:**

**Current Mailing Address:**

P O BOX 1085  
SANTA ROSA BCH, FL 32459

**New Mailing Address:**

**FEI Number:** 59-2252624

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MCQUISTON, BONNIE  
14 ALLIGATOR COVE  
SANTA ROSA BEACH, FL 32459 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: P ( ) Delete  
Name: MCQUISTON, BONNIE  
Address: 14 ALLIGATOR COVE  
City-St-Zip: SANTA ROSA BEACH, FL 32459

Title: S ( ) Delete  
Name: D'AUTILIA, ELLA  
Address: PO BOX 1608  
City-St-Zip: SANTA ROSA BEACH, FL 32459

Title: D ( ) Delete  
Name: JONES, CECILIA  
Address: 1136 TEN LAKE DR  
City-St-Zip: DEFUNIAK SPRINGS, FL 32433

Title: D ( ) Delete  
Name: HILTON LAWSON,  
Address: 423 HIDDEN LAKE TRAIL  
City-St-Zip: DEFUNIAK SPRINGS, FL 32433

Title: D ( ) Delete  
Name: PRESSNELL, LINDA  
Address: 2920 SOUTH CO. HWY 395  
City-St-Zip: SANTA ROSA BEACH, FL 32459

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: RYAN, RICHARD  
Address: 233 FAIRWAY DR  
City-St-Zip: SANTA ROSA BEACH, FL 32459

Title: D (X) Change ( ) Addition  
Name: LAWSON, HILTON  
Address: 423 HIDDEN LAKE TRAIL  
City-St-Zip: DEFUNIAK SPRINGS, FL 32433

Title: T (X) Change ( ) Addition  
Name: HUDSON, ROBERT L  
Address: 121 FAIRWAY DRIVE  
City-St-Zip: SANTA ROSA BEACH, FL 32459

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: ROBERT L HUDSON

T

04/25/2007

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

\_\_\_\_\_  
Date