2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2008
Secretary of State

DOCUMENT# 764111

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:	RYAN, RICHARD	
Address:	233 FAIRWAY DR	
City-St-Zip:	SANTA ROSA BEACH, FL 32459	
Title:	D	( ) Delete
Name:	LAWSON, HILTON	
Address:	423 HIDDEN LAKE TRAIL	
City-St-Zip:	DEFUNIAK SPRINGS, FL 32433	
Title:	T	( ) Delete
Name:	HUDSON, ROBERT L	
Address:	121 FAIRWAY DRIVE	
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:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

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 04/30/2008

Electronic Signature of Signing Officer or Director — Date