


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 24, 2007 08:00 AM
Secretary of State

DOCUMENT # 764117 1. Entity Name WALTON COUNTY 4-H CLUB FOUNDATION, INC.	
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Principal Place of Business 732 N 9TH STREET SUITE B DEFUNIAK SPRINGS, FL 32433 US	Mailing Address 732 N 9TH STREET SUITE B DEFUNIAK SPRINGS, FL 32433 US
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01232007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2243382	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

MILLER, GEORGE R ESQ
105 E NELSON AVENUE
P.O. BOX 687
DEFUNIAK SPRINGS, FL 32433

**DO NOT WRITE
IN THIS SPACE**

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	WILSON, SUZANNE
STREET ADDRESS	782 N 9TH STREET STE B
CITY-ST-ZIP	DEFUNIAK SPRINGS, FL 32433
TITLE	PD
NAME	WARD, BRUCE
STREET ADDRESS	3944 US HWY 331 NORTH
CITY-ST-ZIP	DEFUNIAK SPRGS, FL
TITLE	D
NAME	BUTTS, KAREN
STREET ADDRESS	730 CIRCLE DRIVE
CITY-ST-ZIP	DEFUNIAK SPRINGS, FL 32433
TITLE	D
NAME	MILLER, GEORGE R
STREET ADDRESS	105 E. NELSON AVE
CITY-ST-ZIP	DEFUNIAK SPRGS, FL
TITLE	TD
NAME	INGRAM, CARRIE
STREET ADDRESS	5227 STATE HWY 83
CITY-ST-ZIP	DEFUNIAK SPRINGS, FL 32433
TITLE	D
NAME	DOBSON, ROBERT
STREET ADDRESS	9 CIRCLE DRIVE
CITY-ST-ZIP	DEFUNIAK SPRINGS, FL 32433

U00000602486
01/26/07-80090-023 70.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Suzanne H Wilson Suzanne H Wilson 1/22/07 850-892 8172
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #