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

DOCUMENT # N0000002523

1. Entity Name



Secretary of State 02-20-2003 90141 042 ****61.25

FILED

THE WALTON , INC.	COUNTY	COALITION	FOR	SCHOOL	READINESS



Principal Place of Business Mailing Address 1590 US HWY 331 S. P.O. BOX 922 **DEFUNIAK SPRINGS FL 32433 DEFUNIAK SPRINGS FL 32435** 2. Principal Place of Business 3. Mailing Address 171 North 9th Street Suite, Apt. #, etc. Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State City & State 4. FEI Number 59-3703398 Applied For DeFuniak Springs, FL Not Applicable Zip Zip Country \$8.75 Additional 5. Certificate of Status Desired 32433 Fee Required

6. Name and Address of Current Registered Agent

HINOTE, RONITA

7. Name and Address of New Registered Agent Name <u> Mona Johnson</u>

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

1154 U.S. Highway 90 West

DeFuniak SPrings

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 register agent.

SIGNATURE

145 PARK STREET STE 3 **DEFUNIAK SPRINGS FL 32433**

(NOTE: Registered Agent signature required when reinstating)

2-10-53

FILE NOW: FEE IS \$61.25

DEFUNIAK SPRINGS FL 32433

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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLÈ TITLE D Andrews, Donna Delete Addition NAME SZILVASY, JOYCE NAME 215 Shady Creek Lane STREET ADDRESS 1350 WEST BALDWIN AVE STREET ADDRESS DeFuniak SPrings, FL 32433 CITY-ST-ZIP **DEFUNIAK SPRINGS FL 32435** CiTY-ST-7IP **VPD** TITLE ☐ Delete TITLE P/D Johnson, Mona Change ☐ Addition JOHNSON, MONA NAME NAME STREET ADDRESS 1154 US HWY 90 WEST STREET ADDRESS CITY-ST-ZIP **DEFUNIAK SPRINGS FL 32433** CITY-ST-ZIP TITLE X Delete TITLE T.D Nehring, Betty Change Addition A NAME HINOTE, RONITA NAME 2499 Cypress St. STREET ADDRESS 145 PARK STREET, STE 3 STREET ADDRESS Westville, FL 32464 CITY-ST-ZIP **DEFUNIAK SPRINGS FL 32435** CITY-ST-ZIP TITLE X Delete TITLE S/D Clear, Carolyn Addition HAIGHT, KATHY NAME NAME 1184-C Circle Drive STREET ADDRESS 107 TUPELO AVENUE STREET ADDRESS DeFuniak SPrings, FL CITY-ST-ZIP FORT WALTON BEACH FL 32548 CITY-ST-ZIP TITLE Delete TITLE V/D☐ Change Addition Louwerens, Marilyn NAME **BROWN, TAMMY** NAME 640 Baldwin AVenue: STREET ADDRESS 261 US HWY 90 WEST STREET ADDRESS CITY-ST-ZIP **DEFUNIAK SPRINGS FL 32433** CITY-ST-ZIP DeFuniak SPrings, FL 32433 TITLE ☐ Delete DITLE ☐ Change ■ Addition NAME JONES, CECILIA NAME STREET ADDRESS 145 PARK STREET, STE 3 STREET ADDRESS

12. I hereby certify that the information supplied with this filling 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 of trusted impowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if

CITY-ST-7/P

SIGNATURE:

CITY-ST-7IP

MONA JOHNSON PRES 2/10/03 850-892-213