



2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2004 08:00 AM
Secretary of State

DOCUMENT # N01000003630					
1. Entity Name WALTON COMMUNITY DEVELOPMENT, CORP.					
Principal Place of Business P.O. BOX 2312 SANTA ROSA BEACH, FL 32459			Mailing Address P.O. BOX 2312 SANTA ROSA BEACH, FL 32459		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt # etc		Suite, Apt #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	03152004 Chg-NP CR2E037 (10/03)	
4. FEI Number 59-3720487				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
POWELL, THOMAS L 908 U.S. HIGHWAY 90 WEST DEFUNIAK SPRINGS, FL 32433			Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ <small>Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required after recording) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2004		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	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	TITUS, KRISS		NAME	U00000090907	
STREET ADDRESS	P.O. BOX 1248		STREET ADDRESS	03/17/04-80038-001 61.25	
CITY- ST- ZIP	SANTA ROSA BEACH, FL 32459		CITY- ST- ZIP		
TITLE	V	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	STAFFORD, LYN		NAME		
STREET ADDRESS	259 CENTER AVENUE		STREET ADDRESS		
CITY- ST- ZIP	SANTA ROSA BEACH, FL 32459		CITY- ST- ZIP		
TITLE	YD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	POWELL, THOMAS		NAME		
STREET ADDRESS	908 US HIGHWAY 90 WEST		STREET ADDRESS		
CITY- ST- ZIP	DEFUNIAK SPRINGS, FL 32433		CITY- ST- ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	PAUL, JOEL		NAME		
STREET ADDRESS	301 NORTH OKLAHOMA STREET		STREET ADDRESS		
CITY- ST- ZIP	BONIFAY, FL 32425		CITY- ST- ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MALONE, JACKIE		NAME		
STREET ADDRESS	220 NORHT NINTH STREET		STREET ADDRESS		
CITY- ST- ZIP	DEFUNIAK SPRINGS, FL 32433		CITY- ST- ZIP		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	TEDESCO, PAMELA		NAME		
STREET ADDRESS	63 SOUTH CENTRE TRAIL		STREET ADDRESS		
CITY- ST- ZIP	SANTA ROSA BEACH, FL 32459		CITY- ST- ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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: <i>Thomas L Powell</i> Thomas L Powell				3/10/04 850-892-0555	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<small>Date Date/Time Phone #</small>	