

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 10, 2006 8:00 am**  
**Secretary of State**

04-10-2006 90334 039 \*\*\*\*61.25

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04032006 Chg-NP CR2E037 (11/05)

<b>DOCUMENT # N01000005002</b> 1. Entity Name <b>COMMUNITY ANIMAL RESCUE EFFORT OF WALTON COUNTY, INC.</b>					
Principal Place of Business <b>3693 COY BURGESS LOOP DEFUNIAK SPRINGS, FL 32435</b>			Mailing Address <b>P.O. BOX 64 FREEPORT, FL 32439</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number <b>31-1789390</b>			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			<b>\$8.75 Additional Fee Required</b>		
6. Name and Address of Current Registered Agent  <b>FULAYTAR, GERALD W 3693 COY BURGESS LOOP DEFUNIAK SPRINGS, FL 32435</b>			7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b></span> 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE	VD	<input type="checkbox"/> Delete	TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	BECKER, ALICE		NAME	KETCHER, JODI	
STREET ADDRESS	3591 U.S. HWY 90		STREET ADDRESS	3801 MISTY WAY	
CITY-ST-ZIP	DEFUNIAK SPRINGS, FL 32433		CITY-ST-ZIP	DESTIN, FL 32541	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	SD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	TOWNE, SUE		NAME	DRAPER, LINDA	
STREET ADDRESS	93 FAIRWAY DR		STREET ADDRESS	229 DOLPHIN DR	
CITY-ST-ZIP	SANTA ROSA BEACH, FL 32459		CITY-ST-ZIP	SANTA ROSA BEACH, FL 32459	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	YOUNG, BECKY		NAME	TOWNE SUE	
STREET ADDRESS	486 TWIN LAKES DRIVE		STREET ADDRESS	356 WHITFIELD ROAD	
CITY-ST-ZIP	DEFUNIAK SPRINGS, FL 32433		CITY-ST-ZIP	FREEPORT, FL 32439	
TITLE	TD	<input type="checkbox"/> Delete	TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	FULAYTAR, GERALD W		NAME	NELSON, ROGER	
STREET ADDRESS	3693 COY BURGESS LOOP		STREET ADDRESS	69 CANAL STREET	
CITY-ST-ZIP	DEFUNIAK SPRINGS, FL 32435		CITY-ST-ZIP	SANTA ROSA BEACH, FL 32459	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BECKER, ALICE		NAME		
STREET ADDRESS	3591 U.S. HWY 90		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	FORBERG, MELISSA		NAME		
STREET ADDRESS	5756 HWY 1087		STREET ADDRESS		
CITY-ST-ZIP	DEFUNIAK SPRINGS, FL 32433		CITY-ST-ZIP		
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.					
<b>SIGNATURE:</b> <u>GERALD W FULAYTAR</u> <b>APR 5, 2006 (850) 892-0103</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					