

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000004226

FILED  
Mar 31, 2007  
Secretary of State

Entity Name: CRIME STOPPERS OF WALTON COUNTY, INC.

**Current Principal Place of Business:**

72N 6TH ST  
DEFUNIAK SPRINGS, FL 32433

**New Principal Place of Business:**

**Current Mailing Address:**

72N 6TH ST  
FEFUNIAK SPRINGS, FL 32433

**New Mailing Address:**

P.O. BOX 113  
FREEPORT, FL 32439

FEI Number: 43-1969453

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

BARTH, JAMES C  
30 EAST PINEHURST DRIVE  
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: D ( ) Delete  
Name: RIVERS, EDDIE  
Address: 72N 6TH ST  
City-St-Zip: DEFUNIAK SPRINGS, FL 32433

Title: DT ( ) Delete  
Name: WYRICK, JOY A  
Address: 72N 6TH ST  
City-St-Zip: DEFUNIAK SPRINGS, FL 32433

Title: DS ( ) Delete  
Name: MAGEE, PATRICIA  
Address: 72N 6TH ST  
City-St-Zip: DEFUNIAK SPRINGS, FL 32433

Title: D (X) Delete  
Name: SANCHEZ, SAMMY  
Address: 72N 6TH ST  
City-St-Zip: DEFUNIAK SPRINGS, FL 32433

Title: D ( ) Delete  
Name: SNOW, JANET  
Address: 72N 6TH ST  
City-St-Zip: DEFUNIAK SPRINGS, FL 32433

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: DP (X) Change ( ) Addition  
Name: DRAKE, BRAD  
Address: P.O. BOX 113  
City-St-Zip: FREEPORT, FL 32439

Title: DT (X) Change ( ) Addition  
Name: WYRICK, JOY A  
Address: P.O. BOX 113  
City-St-Zip: FREEPORT, FL 32439

Title: DS (X) Change ( ) Addition  
Name: ADKINS, JACKIE  
Address: P.O. BOX 113  
City-St-Zip: FREEPORT, FL 32439

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: SNOW, JANET  
Address: P.O. BOX 113  
City-St-Zip: FREEPORT, FL 32439

I hereby certify that the information supplied with this filing does not qualify for the 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: JOY A WYRICK

DT

03/31/2007

Electronic Signature of Signing Officer or Director

Date