

2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Aug 02, 2007
Secretary of State

DOCUMENT# N02000004226

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:**P.O. BOX 113
FREEPORT, FL 32439**New Mailing Address:****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:** DP () Delete
Name: DRAKE, BRAD
Address: P.O.BOX 113
City-St-Zip: FREEPORT, FL 32439**Title:** DT () Delete
Name: WYRICK, JOY A
Address: P.O.BOX 113
City-St-Zip: FREEPORT, FL 32439**Title:** DS () Delete
Name: ADKINS, JACKIE
Address: P.O. BOX 113
City-St-Zip: FREEPORT, FL 32439**Title:** D () Delete
Name: SNOW, JANET
Address: P.O. BOX 113
City-St-Zip: FREEPORT, FL 32439**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** D (X) Change () Addition
Name: BROWN, NANCY
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 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 WYRICK

DT

08/02/2007

Electronic Signature of Signing Officer or Director

Date