

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000004226

FILED
Mar 16, 2009
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:

752 TRIPLE G ROAD
DEFUNIAK SPRINGS, FL 32435

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:

WYRICK, JOY A
582 SHORE DR
DESTIN, FL 32550 US

Name and Address of New Registered Agent:

BROWN, NANCY L
77 OBACS LANE
FREEPORT, FL 32439 US

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: NANCY L. BROWN

03/16/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

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: DP () Delete
Name: BROWN, NANCY
Address: P.O. BOX 113
City-St-Zip: FREEPORT, FL 32439

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: DC (X) Change () Addition
Name: BROWN, NANCY
Address: P.O. BOX 113
City-St-Zip: FREEPORT, FL 32439

Title: DVC () Change (X) Addition
Name: LARNEY, KATHLEEN
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: NANCY L. BROWN

DC

03/16/2009

Electronic Signature of Signing Officer or Director

Date