2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N03000009991

1. Entity Name

WALTON COUNTY SPORTSMAN'S ASSOC. INC.



Principal Place of Business

955 SMITH ROAD

DEFUNIAK SPRINGS, FL 32433

Mailing Address

955 SMITH ROAD

DEFUNIAK SPRINGS, FL 32433

FILED
Jan 17, 2007 08:00 AM
Secretary of State



DO NOT WRITE IN THIS SPACE

01122007 No Chg-NP CR2

CR2E037 (4/06)

4. FEI Number 35-2219563

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

6. Name and Address of Current Registered Agent

THOMAS, GWYN 955 SMITH ROAD DEFUNIAK SPRINGS, FL 32433

SIGNATURE

DO NOT WRITE IN THIS SPACE

| 8. The above named entry 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. | | | | |
| 12/12 | | | | |
| SIGNATURE Signature, typed or printer fame of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstalling) DATE | | | | |
| Signature, your at printing and signature on a respondent | | | | |
| Filling Fee is \$61.25 9. Election Campaign Finan | | | ing _ \$5.00 May Be U00000589181 | |
| | Due by May 1, 2007 | Trust Fund Contribution. | ☐ Added to Fees | 01/18/07-80005-006 61.25 |
| 10. | OFFICERS AND DIREC | TORS | , | |
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| NAME | WARD, DENNIS | | | |
| STREET ADDRESS | 955 SMITH ROAD | | n di ta | er a kant gart grotte a kar kor givelik k |
| CITY-ST-ZIP | DEFUNIAK SPRINGS, FL 32433 | | | |
| TITLE | DV | | | Section 1. |
| NAME | BECCHINELLI, GABRIEL | | | • |
| STREET ADDRESS | 955 SMITH ROAD | | The state of the s | so the second of the second |
| CITY-ST-ZIP | DEFUNIAK SPRINGS, FL 32433 | | | , |
| TITLE NAME | DS DOCKMAN DEPRIE | | | and the second s |
| STREET ADDRESS | ROCKMAN, DEBBIE 955 SMITH ROAD | | - | |
| CITY-ST-ZIP | DEFUNIAK SPRINGS, FL 32433 | | DO. | NOT WRITE A Service |
| TITLE | т | | INI | THIS SPACE |
| NAME | THOMAS, GWYN | | H.A. | |
| STREET ADDRESS | 955 SMITH ROAD | | a* | |
| CITY-ST-ZIP | DEFUNIAK SPRINGS, FL 32433 | | | The state of the s |
| TITLE | | | | |
| NAME | · | | ہ۔ مکی کی اور | Language to State of the first and |
| STREET ADDRESS CITY-ST-ZIP | | | | • |
| TITLE | | <u> </u> | Company of the same of the | |
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| STREET ADDRESS | | | | and the company of the same of the contract of the contrac |
| CITY-S1-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, Horida Statutes; and that my hame appears in block 10 or block 11 if | | | | |
| changed, or on an attackment with an address, with all-other like empowered. | | | | |

NTED NAME OF SIGNING OFFICER OR DIRECTOR