

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

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

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**



01122007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
35-2219563

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**THOMAS, GWYN
955 SMITH ROAD
DEFUNIAK SPRINGS, FL 32433**

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**U000000589181
01/18/07-80005-006 61.25**

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	WARD, DENNIS
STREET ADDRESS	955 SMITH ROAD
CITY-ST-ZIP	DEFUNIAK SPRINGS, FL 32433
TITLE	DV
NAME	BECCHINELLI, GABRIEL
STREET ADDRESS	955 SMITH ROAD
CITY-ST-ZIP	DEFUNIAK SPRINGS, FL 32433
TITLE	DS
NAME	ROCKMAN, DEBBIE
STREET ADDRESS	955 SMITH ROAD
CITY-ST-ZIP	DEFUNIAK SPRINGS, FL 32433
TITLE	T
NAME	THOMAS, GWYN
STREET ADDRESS	955 SMITH ROAD
CITY-ST-ZIP	DEFUNIAK SPRINGS, FL 32433
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/12/07 850.865.3890