

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000010596

FILED
Aug 03, 2006
Secretary of State

Entity Name: SOUTH WALTON ATHLETIC FOUNDATION, INC.

Current Principal Place of Business:

1083 BAY GROVE ROAD
FREEPORT, FL 32439

New Principal Place of Business:

P.O. BOX 1506
SANTA ROSA BEACH, FL 32459

Current Mailing Address:

1083 BAY GROVE ROAD
FREEPORT, FL 32439

New Mailing Address:

P.O. BOX 1506
SANTA ROSA BEACH, FL 32459

FEI Number: 01-0824180 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

RUTLEDGE, BO
91 TRAE LANE
SEAGROVE, FL 32459 US

Name and Address of New Registered Agent:

WALDROP, THOMAS
P.O. BOX 1506
SANTA ROSA BEACH, FL 32459 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: THOMAS WALDROP

08/03/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: WALDROP, THOMAS
Address: 1083 BAY GROVE ROAD
City-St-Zip: FREEPORT, FL 32439

Title: V () Delete
Name: LOVELL, DAVID
Address: 27 SANDCASTLE COURT
City-St-Zip: SANTA ROSA BEACH, FL 32459

Title: T () Delete
Name: RUTLEDGE, BO
Address: 91 TRAE LANE
City-St-Zip: SEAGROVE, FL 32459

Title: S () Delete
Name: WISCOMB, STAN
Address: 50 CAMILLA STREET
City-St-Zip: SANTA ROSA BEACH, FL 32459

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: V (X) Change () Addition
Name: LOVELL, DAVID
Address: 40 ANTIGUA LANE
City-St-Zip: SANTA ROSA BEACH, FL 32459

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

Title: S (X) Change () Addition
Name: WALDROP, LISA
Address: 1083 BAY GROVE RD
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: THOMAS WALDROP

P

08/03/2006

Electronic Signature of Signing Officer or Director

Date