

2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED
Sep 14, 2008
Secretary of State**

DOCUMENT# N04000010596

Entity Name: SOUTH WALTON ATHLETIC FOUNDATION, INC.**Current Principal Place of Business:**399 MOLL DR
SANTA ROSA BEACH, FL 32459**New Principal Place of Business:****Current Mailing Address:**P.O. BOX 1506
SANTA ROSA BEACH, FL 32459**New Mailing Address:**1083 BAY GROVE RD
FREEPORT, FL 32439

FEI Number: 01-0824180

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:WALDROP, THOMAS
1083 BAY GROVE RD
FREEPORT, FL 32439 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: P () Delete
Name: WALDROP, THOMAS
Address: 1083 BAY GROVE ROAD
City-St-Zip: FREEPORT, FL 32439Title: V () Delete
Name: LOVELL, DAVID
Address: 40 ANTIGUA LANE
City-St-Zip: SANTA ROSA BEACH, FL 32459Title: T () Delete
Name: RUTLEDGE, BO
Address: 91 TRAE LANE
City-St-Zip: SEAGROVE, FL 32459Title: S () Delete
Name: WALDROP, LISA
Address: 1083 BAY GROVE RD
City-St-Zip: FREEPORT, FL 32439**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**Title: () Change () Addition
Name:
Address:
City-St-Zip:Title: V (X) Change () Addition
Name: MILES, RICK
Address: 795 EDEN DR
City-St-Zip: SANTA ROSA BEACH, FL 32459Title: T (X) Change () Addition
Name: COCKS, MELISSA
Address: 1477 BAYTOWNE AVE
City-St-Zip: MIRAMAR BEACH, FL 32550Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: THOMAS WALDROP

P

09/14/2008

Electronic Signature of Signing Officer or Director_____
Date