

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000011284

FILED
Jan 11, 2008
Secretary of State

Entity Name: WALTON BLAZERS, INC.

Current Principal Place of Business:

1825 COUNTY HWY 280A
DEFUNIAK SPRINGS, FL 32435

New Principal Place of Business:

Current Mailing Address:

1825 COUNTY HWY 280A
DEFUNIAK SPRINGS, FL 32435

New Mailing Address:

FEI Number: 20-2173814

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DAVIS, MARK D
694 BALDWIN AVE SUITE 1
DEFUNIAK SPRINGS, FL 32435 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: STEVENSON, CHARLES G III
Address: 1825 COUNTY HWY 280A
City-St-Zip: DEFUNIAK SPRINGS, FL 32435

Title: S/T () Delete
Name: STEVENSON, JILL E
Address: 1825 COUNTY HWY 280A
City-St-Zip: DEFUNIAK SPRINGS, FL 32435

Title: D () Delete
Name: STEVENSON, DIANE D
Address: 23868 5TH AVENUE
City-St-Zip: FLORALA, AL 36442

Title: D () Delete
Name: NEWELL, CAY
Address: 8551 MAHAN DRIVE
City-St-Zip: TALLAHASSEE, FL 32309

Title: D () Delete
Name: HAYES, KYLE
Address: 421 PINENEEDLE TRACE
City-St-Zip: GUNTERSVILLE, AL 35976

Title: D () Delete
Name: MARGADONNA, JOHN
Address: 500 LAKE COLONY DRIVE
City-St-Zip: BIRMINGHAM, AL 35242

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

Title: () 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: JILL E STEVENSON

S/T

01/11/2008

Electronic Signature of Signing Officer or Director

Date