

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000010411

Entity Name: WALTON CARES INC.

FILED  
Apr 15, 2006  
Secretary of State

## Current Principal Place of Business:

267 HWY 90 EAST  
DEFUNIAK SPRINGS, FL 32433

## New Principal Place of Business:

44 SMITH ROAD  
DEFUNIAK SPRINGS, FL 32433

## Current Mailing Address:

PO BOX 217  
DEFUNIAK SPRINGS, FL 32435

## New Mailing Address:

FEI Number: 20-3528092      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

BONNER, KATHRYN  
267 HWY 90 EAST  
DEFUNIAK SPRINGS, FL 32433      US

## Name and Address of New Registered Agent:

BONNER, KATHRYN  
44 SMITH ROAD  
DEFUNIAK SPRINGS, FL 32433      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: KATHRYN E. BONNER

04/15/2006

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: BONNER, KATHRYN E  
Address: 515 COLLEGE AVE  
City-St-Zip: DEFUNIAK SPRINGS, FL 32435

Title: VPD ( ) Delete  
Name: WILLIAMS, CAROL A  
Address: 5952 COUNTY HWY 280 EAST  
City-St-Zip: DEFUNIAK SPRINGS, FL 32435

Title: SD ( ) Delete  
Name: GORDON, BRIGETTE C  
Address: 4266 BOB SIKES RD  
City-St-Zip: DEFUNIAK SPRINGS, FL 32435

Title: TD ( ) Delete  
Name: WALTERS, BETTY J  
Address: P O BOX 1023  
City-St-Zip: DEFUNIAK SPRINGS, FL 32435

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VPD (X) Change ( ) Addition  
Name: KELLEY, SHARON P  
Address: 75 STEWART STREED  
City-St-Zip: DEFUNIAK SPRINGS, FL 32435

Title: SD (X) Change ( ) Addition  
Name: WALTERS, BETTY J  
Address: P.O. BOX 1023  
City-St-Zip: DEFUNIAK SPRINGS, FL 32435

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

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: KATHRYN E. BONNER

PRES

04/15/2006

Electronic Signature of Signing Officer or Director

Date