

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000010411

FILED
Jan 07, 2009
Secretary of State

Entity Name: WALTON CARES INC.

Current Principal Place of Business:

2551 EAST HIGHWAY 90
DEFUNIAK SPRINGS, FL 32433

New Principal Place of Business:

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 ()

Name and Address of Current Registered Agent:

JONES, JOHNNIE H SR
2551 EAST HIGHWAY 90
DEFUNIAK SPRINGS, FL 32433 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: JONES, JOHNNIE H SR
Address: 322 SPRING LAKE RD
City-St-Zip: DEFUNIAK SPRINGS, FL 32433

Title: VP () Delete
Name: WARREN, BEVERLY J
Address: 253 COLLEGE AVE
City-St-Zip: DEFUNIAK SPRINGS, FL 32435

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

Title: T () Delete
Name: JONES, EVELYN S
Address: 322 SPRING LAKE RD
City-St-Zip: DEFUNIAK SPRINGS, FL 32433

Title: D () Delete
Name: PAUL, JOEL
Address: P O BOX 909
City-St-Zip: DEFUNIAK SPRINGS, FL 32435

Title: D () Delete
Name: WILSON, DAVID
Address: 179 PINE SHORES RD
City-St-Zip: DEFUNIAK SPRINGS, FL 32435

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
Name:
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: JOHNNIE H JONES SR

P

01/07/2009

Electronic Signature of Signing Officer or Director

Date