

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000009089

FILED
Apr 28, 2008
Secretary of State

Entity Name: WALTON COUNTY WORKFORCE HOUSING CORPORATION

Current Principal Place of Business:

1500 MAHAN DRIVE
SUITE 200
TALLAHASSEE, FL 32308

New Principal Place of Business:

24200 U S HWY 331 S
SANTA ROSA BEACH, FL 32459

Current Mailing Address:

P O BOX 1616
SANTA ROSA BEACH, FL 32459

New Mailing Address:

FEI Number: 56-2646746 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MUSTIAN, MARK T
1500 MAHAN DRIVE
SUITE 200
TALLAHASSEE, FL 32308 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: D () Delete
Name: BLUE, JR., F. LLOYD
Address: P O BOX 1569
City-St-Zip: SANTA ROSA BEACH, FL 32459

Title: D () Delete
Name: KING, EARL
Address: P O BOX 339
City-St-Zip: FREEPORT, FL 32439

Title: D () Delete
Name: HUFFMAN, JAMES
Address: 473 S NORWOOD RD
City-St-Zip: DEFUNIAK SPRINGS, FL 32435

Title: D () Delete
Name: MCQUISTON, BONNIE
Address: 14 ALLIGATOR COVE
City-St-Zip: SANTA ROSA BEACH, FL 32459

Title: D () Delete
Name: MOLITERNO, DAWN
Address: 63 S CENTRE TRAIL
City-St-Zip: SANTA ROSA BEACH, FL 32459

Title: D () Delete
Name: PAGE, ANITA
Address: P O BOX 2013
City-St-Zip: SANTA ROSA BEACH, FL 32459

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: F LLOYD BLUE JR

D

04/28/2008

Electronic Signature of Signing Officer or Director

Date