

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000004979

FILED
Jan 28, 2009
Secretary of State

Entity Name: WALTON COUNTY TAX COLLECTOR EMPLOYEE FUND, INC.

Current Principal Place of Business:

571 US HWY 90 EAST
DEFUNIAK SPRINGS, FL 32433

New Principal Place of Business:

Current Mailing Address:

571 US HWY 90 EAST
DEFUNIAK SPRINGS, FL 32433

New Mailing Address:

PO BOX 510
DEFUNIAK SPRINGS, FL 32435

FEI Number: 26-2689036

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WINSTEAD, PATRICIA A
5832 HILLCREST DR
CRESTVIEW, 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: BURGESS, JANE A
Address: 571 US HWY 90 EAST
City-St-Zip: DEFUNIAK SPRINGS, FL 32433

Title: V () Delete
Name: WINSTEAD, PATTY
Address: 571 US HWY 90 EAST
City-St-Zip: DEFUNIAK SPRINGS, FL 32433

Title: S () Delete
Name: PAUL, KATINA
Address: 571 US HWY 90 EAST
City-St-Zip: DEFUNIAK SPRINGS, FL 32433

Title: T () Delete
Name: THOMAS, NATHAN
Address: 571 US HWY 90 EAST
City-St-Zip: DEFUNIAK SPRINGS, FL 32433

Title: D () Delete
Name: HUTCHINSON, KAYE
Address: 571 US HWY 90 EAST
City-St-Zip: DEFUNIAK SPRINGS, FL 32433

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:

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: NATHAN THOMAS

T

01/28/2009

Electronic Signature of Signing Officer or Director

Date