

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N08000004979

**FILED**  
**Jan 25, 2011**  
**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:**

PO BOX 510  
DEFUNIAK SPRINGS, FL 32435

**New Mailing Address:**

**FEI Number:** 26-2689036

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

THOMAS, NATHAN M  
571 US HWY 90 E  
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:** PRES  
**Name:** DAY, TAMMY  
**Address:** 571 US HWY 90 EAST  
**City-St-Zip:** DEFUNIAK SPRINGS, FL 32433

**Title:** VP  
**Name:** HUTCHINSON, KAYE  
**Address:** 571 US HWY 90 EAST  
**City-St-Zip:** DEFUNIAK SPRINGS, FL 32433

**Title:** SEC  
**Name:** HENDERSON, LISA  
**Address:** 571 US HWY 90 EAST  
**City-St-Zip:** DEFUNIAK SPRINGS, FL 32433

**Title:** TRES  
**Name:** THOMAS, NATHAN  
**Address:** 571 US HWY 90 EAST  
**City-St-Zip:** DEFUNIAK SPRINGS, FL 32433

**Title:** PARL  
**Name:** NALL, BECKY  
**Address:** 571 US HWY 90 EAST  
**City-St-Zip:** DEFUNIAK SPRINGS, FL 32433

I hereby 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 all other like empowered.

**SIGNATURE:** NATHAN THOMAS

TRES

01/25/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date