2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000009437

FILED Jul 09, 2009 Secretary of State

Entity Name: WALTON COUNTY ECONOMIC DEVELOPMENT ALLIANCE, INC.

	rincipal Place of Business:	New Principal Plac	e of Business:	
63 SOUTH CENTRE TRAIL SANTA ROSA BEACH, FL 32459		95 CIRCLE DRIVE DEFUNIAK SPRING	95 CIRCLE DRIVE DEFUNIAK SPRINGS, FL 32433	
Current Mailing Address:		New Mailing Addre	New Mailing Address:	
63 SOUTH CENTRE TRAIL SANTA ROSA BEACH, FL 32459		95 CIRCLE DRIVE DEFUNIAK SPRING	95 CIRCLE DRIVE DEFUNIAK SPRINGS, FL 32433	
n accordan	: 26-3568532 FEI Number Applied For() ce with s. 607.193(2)(b), F.S., the corporation did not r I Address of Current Registered Agent:	•	Certificate of Status Desired () of New Registered Agent:	
141 MACK	MICHAEL T SBAYOU LOOP			
SUITE 302 SANTA RO	2 OSA BEACH, FL 32459 US			
	named entity submits this statement for the pure of Florida.	oose of changing its register	ed office or registered agent, or bot	
SIGNATU				
	Electronic Signature of Registered Agent		Date	
OFFICER	S AND DIRECTORS:	ADDITIONS/CHANG	GES TO OFFICERS AND DIRECTO	
Γitle:	D,C () Delete	Title:	() Change () Addition	
\ddress:	COMANDER, SARA 417 HIGHWAY 20 EAST FREEPORT, FL 32439	Name: Address: City-St-Zip:		
Name: Address: City-St-Zip: Fitle: Name: Address: City-St-Zip:	417 HIGHWAY 20 EAST	Address: City-St-Zip: Title: D,VC Name: LAWSON, Address: 141 MACH	(X) Change () Addition MIKE (BAYOU LOUP SUITE 302 DSA BEACH, FL 32459	
Address: Dity-St-Zip: Fitle: Name: Address: Dity-St-Zip: Fitle: Name: Address:	417 HIGHWAY 20 EAST FREEPORT, FL 32439 D,VC () Delete MARSE, MICKEY P. O. BOX 339	Address: City-St-Zip: Title: D,VC Name: LAWSON, Address: 141 MACH	MIKE (BAYOU LOUP SUITE 302	
Address: Dity-St-Zip: Fitle: Name: Address: Dity-St-Zip: Fitle: Name: Address: City-St-Zip: Fitle: Name: Address: Address: Address:	417 HIGHWAY 20 EAST FREEPORT, FL 32439 D,VC () Delete MARSE, MICKEY P. O. BOX 339 FREEPORT, FL 32439 D,T () Delete KELLEY, LORI 36474-A EMERALD COAST PKWY, STE 1201	Address: City-St-Zip: Title: D,VC Name: LAWSON, Address: 141 MACK City-St-Zip: SANTA RC Title: Name: Address: City-St-Zip: Title: D,S Name: BROWN, Address: PO BOX 1	MIKE (BAYOU LOUP SUITE 302 DSA BEACH, FL 32459 () Change () Addition (X) Change () Addition DON	
Address: City-St-Zip: Fitle: Name: Address:	417 HIGHWAY 20 EAST FREEPORT, FL 32439 D,VC () Delete MARSE, MICKEY P. O. BOX 339 FREEPORT, FL 32439 D,T () Delete KELLEY, LORI 36474-A EMERALD COAST PKWY, STE 1201 DESTIN, FL 32541 D,S () Delete CARPENTER, HAROLD 298 VAN BUREN AVENUE	Address: City-St-Zip: Title: D,VC Name: LAWSON, Address: 141 MACH City-St-Zip: SANTA RC Title: Name: Address: City-St-Zip: Title: D,S Name: BROWN, Address: PO BOX 1 City-St-Zip: DEFUNIAN Title: ED Name: ARNETT, Address: 95 CIRCL	MIKE (BAYOU LOUP SUITE 302 DSA BEACH, FL 32459 () Change () Addition (X) Change () Addition DON 287 (SPRINGS, FL 32435 (X) Change () Addition WILLIAM	

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: WILLIAM ARNETT ED 07/09/2009