

2012 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Sep 26, 2012
Secretary of State

DOCUMENT# N11000008632

Entity Name: WALTON COUNTY BAR ASSOCIATION, INC.**Current Principal Place of Business:**60 CLAYTON LANE
SUITE A
SANTA ROSA BEACH, FL 32459 US**New Principal Place of Business:**174 WATERCOLOR WAY, SUITE A #317
SANTA ROSA BEACH, FL 32459 US**Current Mailing Address:**60 CLAYTON LANE
SUITE A
SANTA ROSA BEACH, FL 32459 US**New Mailing Address:**174 WATERCOLOR WAY, SUITE A #317
SANTA ROSA BEACH, FL 32459 US**FEI Number:****FEI Number Applied For ()****FEI Number Not Applicable (X)****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**SHIPMAN, GARY A
60 CLAYTON LANE
SUITE A
SANTA ROSA BEACH, FL 32459 US**Name and Address of New Registered Agent:**MILAM, DAVID H
174 WATERCOLOR WAY STE 103 #317
SANTA ROSA BEACH, FL 32459 US

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: DAVID H MILAM

09/26/2012

Electronic Signature of Registered Agent_____
Date**OFFICERS AND DIRECTORS:**

Title: P
Name: MILAM, DAVID H
Address: 174 WATERCOLOR WAY, STE 103 #317
City-St-Zip: SANTA ROSA BEACH, FL 32459 US

Title: VP
Name: STRAYHAN, H. LEE III
Address: 174 WATERCOLOR WAY, STE 103 #317
City-St-Zip: SANTA ROSA BEACH, FL 32459 US

Title: SEC
Name: DAVIS, MARK D
Address: 174 WATERCOLOR WAY, STE 103 #317
City-St-Zip: SANTA ROSA BEACH, FL 32459 US

Title: TREA
Name: HENRY, MICHAEL J
Address: 174 WATERCOLOR WAY, STE 103 #317
City-St-Zip: SANTA ROSA BEACH, FL 32459

Title: ALM
Name: CHEATHAM, KIMBERLY J
Address: 174 WATERCOLOR WAY, STE 103 #317
City-St-Zip: SANTA ROSA BEACH, FL 32459

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: DAVID H. MILAM

P

09/26/2012

Electronic Signature of Signing Officer or Director_____
Date