

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N17037

FILED
Jan 08, 2009
Secretary of State

Entity Name: WALTON COUNTY ATHLETIC LEAGUE, INCORPORATED

Current Principal Place of Business:

3078 CORBIN GAINEY RD
DEFUNIAK SPRINGS, FL 32435 US

New Principal Place of Business:

Current Mailing Address:

3078 CORBIN GAINEY RD
DEFUNIAK SPRINGS, FL 32435 US

New Mailing Address:

FEI Number: 75-3058408 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

MITCHEM, JOY
3078 CORBIN GAINEY RD
DEFUNIAK SPRINGS, FL 32435 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: MITCHEM, JAY
Address: 3078 CORBIN GAINEY ROAD
City-St-Zip: DEFUNIAK SPRINGS, FL 32435 US

Title: VP () Delete
Name: HOLLAND, CLINT
Address: 3078 CORBIN GAINEY ROAD
City-St-Zip: PONCE DE LEON, FL 32455

Title: T () Delete
Name: MITCHEM, JOY
Address: 3078 CORBIN GAINEY RD
City-St-Zip: DEFUNIAK SPRINGS, FL 32435

Title: S () Delete
Name: NORRIS, TERESA
Address: 1029 BRAKE ROAD
City-St-Zip: PONCE DE LEON, FL 32455

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: MITCHEM, JOY
Address: 3078 CORBIN GAINEY ROAD
City-St-Zip: DEFUNIAK SPRINGS, FL 32435 US

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: JOY MITCHEM

P

01/08/2009

Electronic Signature of Signing Officer or Director

Date