

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N47990

FILED
Apr 06, 2009
Secretary of State

Entity Name: CULTURAL ARTS ASSOCIATION OF WALTON COUNTY, INC.

Current Principal Place of Business:

2282 WETY HWY 30A
#5
SANTA ROSA BEACH, FL 32459 US

New Principal Place of Business:

2282 WEST HWY 30A
#5
SANTA ROSA BEACH, FL 32459 US

Current Mailing Address:

P.O. BOX 4958
SANTA ROSA BCH, FL 32459 US

New Mailing Address:

FEI Number: 59-3130514 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

LENCH, CAROL
1608 SHARKS TOOTH TRAIL
PANAMA CITY BEACH, FL 32413 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: PD () Delete
Name: LENCH, CAROL
Address: 1608 SHARKS TOOTH TRAIL
City-St-Zip: PANAMA CITY BEACH, FL 32413

Title: S () Delete
Name: BURROUGHS, CHRISTINE
Address: PO BOX 1665
City-St-Zip: SANTA ROSA BEACH, FL 32459

Title: D () Delete
Name: REAM, NAN
Address: 208 ALLEN LOOP DR.
City-St-Zip: SANTA ROSA BEACH, FL 32459

Title: D () Delete
Name: DUNCAN, BETTY C
Address: 506 BLUEMTN RD.
City-St-Zip: SANTA ROSA BEACH, FL 32459

Title: D () Delete
Name: DEMARS, MARLAYNE
Address: P.O. BOX 611011
City-St-Zip: ROSEMARY BEACH, FL 32461

Title: D () Delete
Name: LUCAS, SUSAN
Address: 405 OLD BEACH RD. BOX 13
City-St-Zip: SANTA ROSA BEACH, FL 32459

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:

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: DONNA VANN

TRES

04/06/2009

Electronic Signature of Signing Officer or Director

Date