2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED May 12, 2009 DOCUMENT# N47990 Secretary of State

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

Current Principal Place of Business: New Principal Place of Business:

2282 WEST HWY 30A

SANTA ROSA BEACH, FL 32459 US

New Mailing Address: Current Mailing Address:

P.O. BOX 4958 2282 WEST HWY 30A

SANTA ROSA BCH, FL 32459 US SANTA ROSA BEACH, FL 32459

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

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

STEELE SAUNDERS, JENNIFER LENCH, CAROL 1608 SHARKS TOOTH TRAIL 2282 W SCENIC HWY 30-A

PANAMA CITY BEACH, FL 32413 US 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: JENNIFER STEELE SAUNDERS 05/12/2009

> Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change () Addition () Delete

LENCH, CAROL BURROUGHS, CHRISTINE Name: Name:

1608 SHARKS TOOTH TRAIL Address: PO BOX 1665 Address: PANAMA CITY BEACH, FL 32413 SANTA ROSA BEACH, FL 32459

City-St-Zip: City-St-Zip:

Title: Title: () Delete (X) Change () Addition BURROUGHS, CHRISTINE

Name: REAM, NAN Name: Address: PO BOX 1665 Address: 208 ALLEN LOOP DRIVE

City-St-Zip: SANTA ROSA BEACH, FL 32459 City-St-Zip: SANTA ROSA BEACH, FL 32459

Title: () Delete Title: (X) Change () Addition

REAM, NAN VANN, DONNA Name: Name:

208 ALLEN LOOP DR. 24 JOANNA DRIVE Address: Address:

City-St-Zip: SANTA ROSA BEACH, FL 32459 City-St-Zip: SANTA ROSA BEACH, FL 32459

Title: () Delete Title: (X) Change () Addition Name: DUNCAN, BETTY C Name: HOWELL, KATRICE

Address: 506 BLUEMTN RD. Address: 1307 DILLARD STREET City-St-Zip: SANTA ROSA BEACH, FL 32459 City-St-Zip: TALLAHASSEE, FL 32308

Title: (X) Delete Title: () Change () Addition

DEMARS, MARLAYNE Name: Name: P.O. BOX 611011 Address: Address:

City-St-Zip: ROSEMARY BEACH, FL 32461 City-St-Zip:

Title: (X) Delete Title: () Change () Addition

LUCAS, SUSAN Name: Name: Address: 405 OLD BEACH RD. BOX 13 Address: SANTA ROSA BEACH, FL 32459 City-St-Zip: 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: CHRISTINE BURROUGHS Ρ 05/12/2009

Electronic Signature of Signing Officer or Director

Date

US