

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 20, 2005 08:00 AM
Secretary of State

DOCUMENT # N95000000845

1. Entity Name
WALTON EDUCATION FOUNDATION, INC.



Principal Place of Business
**145 PARK ST
SUITE 5
DEFUNIAK SPRINGS, FL 32433**

Mailing Address
**145 PARK ST
SUITE 5
DEFUNIAK SPRINGS, FL 32433**



01072005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
31-1483766

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**PATTERSON, LINDA S
145 PARK ST
SUITE 5
DEFUNIAK SPRINGS, FL 32433**

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Linda S. Patterson*

Registered Agent

January 10, 2005

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
TERRELL, KAREN
1701 E. CO. HWY 30A
SANTA ROSA BEACH, FL 32459**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
BUTLER, ALBERT
1413 B CO. HWY 395
SANTA ROSA BEACH, FL 32459**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
POWELL, TOM
908 US HWY 90 W
DEFUNIAK SPRINGS, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
CAMPBELL, JANET
1287 SOUTH 2ND STREET
DEFUNIAK SPRINGS, FL 32435**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
LLOYD, KEN
3270 BURNT PINE LN
DESTIN, FL 32550**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
LAIRD, WILLIAM E "BILL"
21974 COUNTY HWY 183-B
DEFUNIAK SPRINGS, FL 32433**

000000186007
01/21/05-80040-003 61.25

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered

SIGNATURE:

Albert Butler

Albert Butler, President 1-10-05 850-585-1427

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #