

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 16, 2006 8:00 am
Secretary of State

03-16-2006 90230 008 ****61.25

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**

50003307



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01032006 Chg-NP CR2E037 (11/05)

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

7. Name and Address of New Registered Agent

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

Name **Anderson, Cynthia**
Street Address (P.O. Box Number is Not Acceptable)
145 Park Street
Suite 5
City **DeFuniak Springs** **FL** Zip Code **32435**

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 Cynthia Anderson

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

Cynthia Anderson

(NOTE: Registered Agent signature required when reinstating)

1/20/06

DATE

**Filing Fee Is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Director
Burgess, Susan
1218 South 2nd Street
DeFuniak Springs, FL 32435 ☐ Change ☒ Addition

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Director
Schissler, Nancy
619 Pitts Bayshore Drive
Freeport, FL 32439 ☐ Change ☒ Addition

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Sec-Treas - Director
Campbell, Janet
155 Bay Avenue
DeFuniak Springs, FL 32435 ☒ Change ☐ Addition

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
President, Director ☒ Change ☐ Addition

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Vice-President - Director ☒ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Ken Lloyd Ken Lloyd, President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/20/06

DATE

Daytime Phone #

ATTACHMENT

ATTACHMENT

COPY



50003307
#N 95000000845
Walton Education Foundation, Inc.
145 Park Street, Suite 5
DeFuniak Springs, FL 32433

8/5/2005

Walton Education Foundation Board
145 Park Street, Suite 5
DeFuniak Springs, FL 32433

RE: Letter of Resignation

Dear Walton Education Foundation Board:

With this letter, I hereby submit my resignation from Walton Education Foundation, effective August 24, 2005.

It was my pleasure to establish the Foundation in 1995 and to see it grow under your leadership. The Foundation opened many opportunities to work with communities and organizations in Walton County.

Superintendent Carlene Anderson has recommended Cindy Anderson to fill the position as the Registered Agent and Executive Director of the Walton Education Foundation. The Registered Office Address will remain the same. The next Board Agenda will reflect the DESIGNATION and APPOINTMENT of the new Registered Agent.

I wish you good luck and continued success.

Sincerely,

Linda S. Patterson

Linda S. Patterson
Executive Director

ATTACHMENT

50003307
#N9500000845

 **COPY**



Walton Education Foundation, Inc.
145 Park Street, Suite 5
DeFuniak Springs, FL 32433

8/5/2005

Walton Education Foundation Board
145 Park Street, Suite 5
DeFuniak Springs, FL 32433

RE: Letter of Resignation

Dear Walton Education Foundation Board:

With this letter, I hereby submit my resignation from Walton Education Foundation, effective August 24, 2005, to devote time to personal matters.

It has been my pleasure to serve on the Walton Education Foundation Board. In the past, we have made significant contributions to the educational opportunities of Walton County students and teachers. I wish you good luck and continued success.

Sincerely,


Albert Butler, President

ATTACHMENT

50003307

#A19500000845

 **COPY**

DESIGNATION AND ACCEPTANCE OF REGISTERED AGENT


Pursuant to the provisions of Florida Statute 617.0501, the undersigned corporation
Organized under the laws of the State of Florida, submits the following statement in
Designation the registered office/registered agent in the State of Florida.

1. The name of the corporation is WALTON EDUCATION FOUNDATION, INC.
2. The name of the registered agent is CYNTHIA C. ANDERSON.
3. The address of the registered agent/registered office is 145 Park Street, Suite 5,
DeFuniak Springs, Florida 32433.

ACCEPTANCE

Having been named as registered agent and designated to accept service of process for
the above corporation, I hereby accept the appointment as registered agent and agree to act in
this capacity. I further agree to comply with the provisions of all statutes relating to the proper
and complete performance of my duties, and I am familiar with and accept the obligations of my
position as registered agent.

DATED this 23rd day of August, 2005.


CYNTHIA C. ANDERSON
REGISTERED AGENT

ATTACHMENT

STATE OF FLORIDA
COUNTY OF WALTON

50003307
#N95000000845

The foregoing instrument was acknowledged before me this 23rd day of

August, 2005, by Cynthia C. Anderson,

who is personally known to me or who produced

_____ as identification.



Bonnie J. Coon
Commission #DD279223
Expires: Feb 05, 2008
Bonded Thru
Atlantic Bonding Co., Inc

NOTARY PUBLIC-STATE OF FLORIDA

MY COMMISSION EXPIRES:

Feb. 05, 2008