

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000000845

FILED  
Mar 15, 2011  
Secretary of State

**Entity Name:** WALTON EDUCATION FOUNDATION, INC.

**Current Principal Place of Business:**

145 PARK ST  
SUITE 5  
DEFUNIAK SPRINGS, FL 32433

**New Principal Place of Business:**

145 PARK ST  
SUITE 5  
DEFUNIAK SPRINGS, FL 32435

**Current Mailing Address:**

145 PARK ST  
SUITE 5  
DEFUNIAK SPRINGS, FL 32433

**New Mailing Address:**

145 PARK ST  
SUITE 5  
DEFUNIAK SPRINGS, FL 32435

**FEI Number:** 31-1483766

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SPENCE, MEREDITH  
145 PARK ST  
SUITE 5  
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: D  
Name: BURGESS, SUSAN  
Address: 1218 SOUTH 2ND ST  
City-St-Zip: DEFUNIAK SPRINGS, FL 32435

Title: TD  
Name: JOFFE, SUE  
Address: 113 SOUTH WATERSOUND PARKWAY  
City-St-Zip: SANTA ROSA BEACH, FL 32459

Title: SD  
Name: ANDERSON, CYNTHIA  
Address: 66 OAKLAWN SQUARE  
City-St-Zip: DEFUNIAK SPRINGS, FL 32435

Title: PD  
Name: CHERENZIA, CHRISTOPHER  
Address: P. O. BOX 512  
City-St-Zip: DEFUNIAK SPRINGS, FL 32435

Title: VPD  
Name: WILLIAMS, KELLY  
Address: 4652 GULFSTARR DRIVE  
City-St-Zip: DESTIN, FL 32541

Title: D  
Name: WELLS, AMY L  
Address: 484 CIRCLE DRIVE  
City-St-Zip: DEFUNIAK SPRINGS, FL 32435

I hereby 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 all other like empowered.

SIGNATURE: CHRISTOPHER CHERENZIA

PD

03/15/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date