

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 16, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # N96000002261**

1. Entity Name

**SOUTH WALTON THREE ARTS ALLIANCE, INC.**



Principal Place of Business

**1401 E NURSERY ROAD  
SANTA ROSA BEACH FL 32459**

Mailing Address

**PO BOX 2042  
SANTA ROSA BEACH FL 32459**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/05)

4. FEI Number

**31-1466345**

Applied For

Not Applied

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fees Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BURROUGHS, CHRISTINE  
40 SAN DUNES COVE  
SANTA ROSA BEACH FL 32459**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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

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

(NOTE: Registered Agent signature required when registering)

DATE

**FILE NOW: 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 ☐ Delete  
NAME **TD**  
STREET ADDRESS **VANN, DONNA**  
CITY- ST- ZIP **24 JOANNA DR  
SANTA ROSA BEACH FL 32459**

TITLE ☐ Change ☐ Addition  
NAME **000000469669**  
STREET ADDRESS **03/27/06-80009-020 61.25**  
CITY- ST- ZIP

TITLE ☐ Delete  
NAME **PD**  
STREET ADDRESS **BURROUGH, CHRISTINE**  
CITY- ST- ZIP **PO BOX 1665  
SANTA ROSA FL 32459**

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

TITLE ☐ Delete  
NAME **SPD**  
STREET ADDRESS **ARNOLD, SUSIE**  
CITY- ST- ZIP **50 GOSSAMER LN #3  
SCAREST FL 32412**

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

TITLE ☐ Delete  
NAME **VPD**  
STREET ADDRESS **MARSE, GRACE**  
CITY- ST- ZIP **PO BOX 52  
PT. WASHINGTON FL 32454**

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.