

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

FILED
Mar 08, 2006 8:00 am
Secretary of State

03-08-2006 90174 009 ****61.25

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1. Entity Name

WALKABLE COMMUNITIES, INC.



Principal Place of Business

**320 SOUTH MAIN STREET
HIGH SPRINGS FL 32643**

Mailing Address

**320 SOUTH MAIN STREET
HIGH SPRINGS FL 32643**

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

59-3380646

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

**BURDEN, DAN
320 SOUTH MAIN STREET
HIGH SPRINGS FL 32643**

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 re-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

TITLE PD ☐ Delete
NAME OWENS, JOHN
STREET ADDRESS 225 NE FIRST ST
CITY-ST-ZIP HIGH SPRINGS FL 32643

TITLE STD ☐ Delete
NAME GAUTHIER, MICHAEL
STREET ADDRESS 8600 ST VRAIN WAY
CITY-ST-ZIP MISSOULA MT 59802

TITLE VPD ☐ Delete
NAME GABRIEL, JIM
STREET ADDRESS 215 S MAIN STREET
CITY-ST-ZIP HIGH SPRINGS FL 32643

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☒ Change ☐ Addition
NAME DAN BURDEN
STREET ADDRESS 320 South Main Street
CITY-ST-ZIP High Springs, FL 32643

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

TITLE VPD ☒ Change ☐ Addition
NAME John Williams
STREET ADDRESS 723 Defoe
CITY-ST-ZIP Missoula, MT 59802

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

TITLE ☐ Change ☐ Addition
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.

SIGNATURE: *Dan Burden / W.P. Gabriel Burden, PoA, DAN BURDEN, February 20, 2006 386-454-3304*