

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000002936

FILED  
Aug 14, 2007  
Secretary of State

**Entity Name:** WALKABLE COMMUNITIES, INC.

**Current Principal Place of Business:**

320 SOUTH MAIN STREET  
HIGH SPRINGS, FL 32643

**New Principal Place of Business:**

30 SE THIRD AVENUE  
HIGH SPRINGS, FL 32643

**Current Mailing Address:**

320 SOUTH MAIN STREET  
HIGH SPRINGS, FL 32643

**New Mailing Address:**

30 SE THIRD AVENUE  
HIGH SPRINGS, FL 32643

**FEI Number:** 59-3380646      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

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

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

BURDEN, DAN  
30 SE THIRD AVENUE  
HIGH SPRINGS, FL 32643      US

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: \_\_\_\_\_

08/14/2007

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD      ( ) Delete  
Name: BURDEN, DAN  
Address: 320 S MAIN ST  
City-St-Zip: HIGH SPRINGS, FL 32643

Title: STD      ( ) Delete  
Name: GAUTHIER, MICHAEL  
Address: 8600 ST VRAIN WAY  
City-St-Zip: MISSOULA, MT 59802

Title: VPD      ( ) Delete  
Name: WILLIAMS, JOHN  
Address: 723 DEFOE  
City-St-Zip: MISSOULA, MT 59802

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD      (X) Change ( ) Addition  
Name: BURDEN, DAN  
Address: 30 SE THIRD AVENUE  
City-St-Zip: HIGH SPRINGS, FL 32643

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: DAN BURDEN

PD

08/14/2007

Electronic Signature of Signing Officer or Director

Date