

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2008 8:00 am
Secretary of State

04-04-2008 90025 012 ****61.25

DOCUMENT # N96000003113 1. Entity Name SOUTH WALTON COMMUNITY COUNCIL, INC.					
Principal Place of Business 50 GOSSAMER LANE #10 PANAMA CITY BEACH, FL 32413 US			Mailing Address P.O. BOX 1661 SANTA ROSA BEACH, FL 32459 US		
2. Principal Place of Business - No P.O. Box # 449 Wood Beach Rd			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State Santa Rosa Beach, FL			City & State		
Zip 32459		Country US		4. FEI Number 59-3405269	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent NELSON, MARGARET E TREASUR 50 GOSSAMER LANE #10 PANAMA CITY BEACH, FL 32413				7. Name and Address of New Registered Agent Name: Ella Caro Street Address (P.O. Box Number is Not Acceptable) 449 Wood Beach Rd City: Santa Rosa Beach FL Zip Code: 32459	
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: Ella Caro Ella G. Caro DATE: April 1, 2008					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES NEWSOME, ALAN <input checked="" type="checkbox"/> Delete 113 DOGWOOD SANTA ROSA BEACH, FL 32459118				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC NELSON, MARGARET <input checked="" type="checkbox"/> Delete P. O. BOX 1166 SANTA ROSA BEACH, FL 32459				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP FICARRA, ALAN <input type="checkbox"/> Delete 228 MARKET STREET SANTA ROSA BEACH, FL 32459				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ED PAGE, ANITA <input type="checkbox"/> Delete P. O. BOX 2013 SANTA ROSA BEACH, FL 32459				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
Pres <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Ella Caro 449 Wood Beach Rd Santa Rosa Beach, FL 32459					
Treasurer <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Lee Wilcox 97 Seabreeze Circle Seawest, FL 32459					
Sec'y <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Cindy McClary 173 Sand Cliffs Dr. Seawest, FL 32413					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
<input type="checkbox"/> Change <input type="checkbox"/> 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: Ella Caro Ella G. Caro DATE: April 1, 2008 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					