

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2006 8:00 am
Secretary of State

04-10-2006 90335 019 ****61.25

DOCUMENT # N96000005005

1. Entity Name
**WALTON COUNTY ECONOMIC DEVELOPMENT
COUNCIL, INC.**



Principal Place of Business
**908 US HWY 90 W
DEFUNIAK SPRINGS, FL 32433 US**

Mailing Address
**908 US HWY 90 W
DEFUNIAK SPRINGS, FL 32433 US**

50010658



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03252006

Chg-NP

CR2E037 (11/05)

City & State

City & State

4. FEI Number
59-3040006

Applied For
Not Applicable

Zip

Country

Zip

Country

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

**POWELL, THOMAS L
908 US HWY 90 W
DEFUNIAK SPRINGS, FL 32433**

Name **Smith, Robert L.**

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

908 US Hwy 90 W

City **Defuniak Springs**

FL

Zip Code
32433

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

Robert L. Smith

3/28/2006

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing 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 **D** ☐ Delete
NAME **MERRIFIELD, SALLY**
STREET ADDRESS **694 BALDWIN AVE.**
CITY-ST-ZIP **DEFUNIAK SPRINGS, FL 32433**

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

TITLE **VD** ☐ Delete
NAME **MCHENRY, JAMES**
STREET ADDRESS **1066 FREEPORT HIGHWAY**
CITY-ST-ZIP **DEFUNIAK SPRINGS, FL 32433**

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

TITLE **D** ☐ Delete
NAME **SANDERS, JOYCE**
STREET ADDRESS **P.O. BOX 1778**
CITY-ST-ZIP **FT WALTON BEACH, FL 32549**

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

TITLE **PD** ☐ Delete
NAME **PARIS, ALBERT**
STREET ADDRESS **18374 US HIGHWAY 331 SOUTH**
CITY-ST-ZIP **FREEPORT, FL 32439**

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

TITLE **STD** ☐ Delete
NAME **SCHARF, GLENN**
STREET ADDRESS **34 WALTER MARTIN ROAD**
CITY-ST-ZIP **FORT WALTON BEACH, FL 32548**

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

TITLE **D** ☐ Delete
NAME **RICHARDS, MICHAEL**
STREET ADDRESS **1350 WEST BALDWIN AVENUE**
CITY-ST-ZIP **DEFUNIAK SPRINGS, FL 32435**

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 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:

Robert L. Smith

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

32806

Date

Daytime Phone #