

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000005005

FILED  
Jan 27, 2010  
Secretary of State

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

**Current Principal Place of Business:**

908 US HWY 90 W  
DEFUNIAK SPRINGS, FL 32433 US

**New Principal Place of Business:**

95 CIRCLE DRIVE  
DEFUNIAK SPRINGS, FL 32435 US

**Current Mailing Address:**

908 US HWY 90 W  
DEFUNIAK SPRINGS, FL 32433 US

**New Mailing Address:**

95 CIRCLE DRIVE  
DEFUNIAK SPRINGS, FL 32435 US

**FEI Number:** 59-3040006

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

YOUNGBLOOD, DEWAYNE R  
100 MAIN STREET  
DESTIN, FL 32541 US

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

ARNETT, WILLIAM R  
95 CIRCLE DRIVE  
DEFUNIAK SPRINGS, FL 32435 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: WILLIAM R. ARNETT

01/27/2010

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: BROWN, DONALD  
Address: 188 N. 9TH STREET  
City-St-Zip: DEFUNIAK SPRINGS, FL 32433 US

Title: D  
Name: LAWSON, MICHAEL  
Address: 141 MACK BAYOU LOOP, SUITE 302  
City-St-Zip: SANTA ROSA BEACH, FL 32459 US

Title: SD  
Name: ARNETT, WILLIAM  
Address: 95 CIRCLE DRIVE  
City-St-Zip: DEFUNIAK SPRINGS, FL 32435 US

Title: TD  
Name: KELLEY, LORI  
Address: 36474-A EMERALD COAST PWY, SUITE 1201  
City-St-Zip: DESTIN, FL 32541 US

Title: D  
Name: COMANDER, SARA  
Address: 417 HIGHWAY 20 EAST  
City-St-Zip: FREEPORT, FL 32439 US

Title: D  
Name: BELSER, WILLIAM  
Address: 133 INDUSTRIAL COURT  
City-St-Zip: FREEPORT, FL 32439 US

I hereby 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 all other like empowered.

SIGNATURE: WILLIAM R. ARNETT

DS

01/27/2010

Electronic Signature of Signing Officer or Director

Date