

2010 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Feb 01, 2010
Secretary of State

DOCUMENT# N96000005005

Entity Name: WALTON COUNTY ECONOMIC DEVELOPMENT COUNCIL, INC.**Current Principal Place of Business:**95 CIRCLE DRIVE
DEFUNIAK SPRINGS, FL 32435 US**New Principal Place of Business:****Current Mailing Address:**95 CIRCLE DRIVE
DEFUNIAK SPRINGS, FL 32435 US**New Mailing Address:****FEI Number:** 59-3040006**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**ARNETT, WILLIAM R
95 CIRCLE DRIVE
DEFUNIAK SPRINGS, FL 32435 US**Name and Address of New Registered Agent:**

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: CMD
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

SD

02/01/2010

Electronic Signature of Signing Officer or Director

Date