

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000000429

FILED
Apr 25, 2005
Secretary of State

Entity Name: WALTON COUNTY ART LEAGUE, INC.

Current Principal Place of Business:

1558 US HWY 331 SO UNIT B
DEFUNIAK SPRINGS, FL 32433

New Principal Place of Business:

Current Mailing Address:

PO BOX 829
FREEPORT, FL 32439

New Mailing Address:

FEI Number: 59-3363420 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

VINSON, MARY
301 SO 11 ST
DEFUNIAK SPRINGS, FL 32433 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: VD () Delete
Name: VINSON, MARY
Address: 301 SO 11 ST
City-St-Zip: DEFUNIAK SPRINGS, FL 32433

Title: P () Delete
Name: TURNER, ELEANOR
Address: 176 E BAYOU FOREST
City-St-Zip: FREEPORT, FL 32439

Title: VD () Delete
Name: WHITEHEAD, JERRI
Address: 1125 CHESSER RD
City-St-Zip: DEFUNIAK SPRINGS, FL 32435

Title: S () Delete
Name: KELLOGG, BARBARA
Address: 60 MCCLENDON KING RD
City-St-Zip: DEFUNIAK SPRINGS, FL 32435

Title: TD () Delete
Name: HANNON, JANIS
Address: 1558 US HWY 331 SO UNIT B
City-St-Zip: DEFUNIAK SPRINGS, FL 32433

Title: D (X) Delete
Name: ORSAK, LOIS
Address: 37 E BAYOU FOREST
City-St-Zip: FREEPORT, FL 32439

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VD (X) Change () Addition
Name: VINSON, MARY
Address: 301 SO 11 ST
City-St-Zip: DEFUNIAK SPRINGS, FL 32435

Title: P (X) Change () Addition
Name: WHITEHEAD, JERRI
Address: 125 CHESSER RD
City-St-Zip: DEFUNIAK SPRINGS, FL 32435

Title: VP (X) Change () Addition
Name: LIMING, GINNY
Address: 283 LAKESIDE DR
City-St-Zip: DEFUNIAK SPRINGS, FL 32435

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

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 for the exemption stated in Section 119.07(3)(i), 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: JANIS G. HANNON

TD

04/25/2005

Electronic Signature of Signing Officer or Director

_____ Date