

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 18, 2006 08:00 AM
Secretary of State

DOCUMENT # N99000000196

1. Entity Name
WALTON-DEFUNIAK LIBRARY, INC.



Principal Place of Business
**664 BALDWIN AVENUE
DEFUNIAK SPRINGS, FL 32433**

Mailing Address
**P.O. BOX 609
DEFUNIAK SPRINGS, FL 32435**



01122006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number **59-6000306** Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**GREEN, WILLIAM H
664 BALDWIN AVE
DEFUNIAK SPRINGS, FL 32433**

**DO NOT WRITE
IN THIS SPACE**

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 _____

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**

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	TODD, ARLECIA
STREET ADDRESS	5434 STATE HWY 181 E
CITY-ST-ZIP	WESTVILLE, FL 32464
TITLE	D
NAME	GREEN, WILLIAM H
STREET ADDRESS	PO BOX 609
CITY-ST-ZIP	DEFUNIAK SPRINGS, FL 32435
TITLE	D
NAME	CRAWFORD, KATHLEEN
STREET ADDRESS	119 EAST LIVE OAK
CITY-ST-ZIP	DEFUNIAK SPRINGS, FL 32435
TITLE	D
NAME	MITCHELL, DOROTHY
STREET ADDRESS	71 COLLEGE AVENUE
CITY-ST-ZIP	DEFUNIAK SPRINGS, FL 32435
TITLE	D
NAME	WELLS, TEENA
STREET ADDRESS	92 HILLCREST WAY
CITY-ST-ZIP	DEFUNIAK SPRINGS, FL 32433
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

1100000390471
01/23/06-80028-017 \$1.25

**DO NOT WRITE
IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/12/06
Date

Daytime Phone # _____