


**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 06, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N99000000196</b> 1. Entity Name <b>WALTON-DEFUNIAK LIBRARY, INC.</b>	
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Principal Place of Business <b>664 BALDWIN AVENUE DEFUNIAK SPRINGS, FL 32433</b>	Mailing Address <b>P.O. BOX 609 DEFUNIAK SPRINGS, FL 32435</b>
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01042008 No Chg-NP CR2E037 (4/06)

4. FEI Number <b>59-6000306</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  <b>GREEN, WILLIAM H 664 BALDWIN AVE DEFUNIAK SPRINGS, FL 32433</b>
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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.
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SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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<b>Filing Fee is \$61.25 Due by May 1, 2008</b>	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>000000817749 02/15/08-80015-006 61.25</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TODD, ARLECIA 5434 STATE HWY 181 E WESTVILLE, FL 32464
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GREEN, WILLIAM H PO BOX 609 DEFUNIAK SPRINGS, FL 32435
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CRAWFORD, KATHLEEN 119 EAST LIVE OAK DEFUNIAK SPRINGS, FL 32435
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MITCHELL, DOROTHY 71 COLLEGE AVENUE DEFUNIAK SPRINGS, FL 32435
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WELLS, TEENA 92 HILLCREST WAY DEFUNIAK SPRINGS, FL 32433
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

<b>DO NOT WRITE IN THIS SPACE</b>
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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.
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<b>SIGNATURE:</b> <u>William H. Green</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<u>2/4/08</u> <small>Date</small>	<u>850 892 7213</u> <small>Daytime Phone #</small>
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