

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000000196

FILED  
Mar 03, 2009  
Secretary of State

Entity Name: WALTON-DEFUNIAK LIBRARY, INC.

**Current Principal Place of Business:**

664 BALDWIN AVENUE  
DEFUNIAK SPRINGS, FL 32433

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 609  
DEFUNIAK SPRINGS, FL 32435

**New Mailing Address:**

FEI Number: 59-6000306

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

GREEN, WILLIAM H  
664 BALDWIN AVE  
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: D ( ) Delete  
Name: TODD, ARLECIA  
Address: 5434 STATE HWY 181 E  
City-St-Zip: WESTVILLE, FL 32464

Title: D ( ) Delete  
Name: GREEN, WILLIAM H  
Address: PO BOX 609  
City-St-Zip: DEVUNIAK SPRINGS, FL 32435

Title: D ( ) Delete  
Name: CRAWFORD, KATHLEEN  
Address: 119 EAST LIVE OAK  
City-St-Zip: DEFUNIAK SPRINGS, FL 32435

Title: D ( ) Delete  
Name: MITCHELL, DOROTHY  
Address: 71 COLLEGE AVENUE  
City-St-Zip: DEFUNIAK SPRINGS, FL 32435

Title: D ( ) Delete  
Name: WELLS, TEENA  
Address: 92 HILLCREST WAY  
City-St-Zip: DEFUNIAK SPRINGS, FL 32433

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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 exemption stated 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 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: WILLIAM H. GREEN

D

03/03/2009

Electronic Signature of Signing Officer or Director

Date