

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 04, 2003 8:00 am
Secretary of State

02-04-2003 90076 008 ****61.25

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**

90017393



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-6000306**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Delete
NAME **TODD, ARLECIA**
STREET ADDRESS **5434 STATE HWY 181 E**
CITY-ST-ZIP **WESTVILLE FL 32464**

TITLE **Director** ☐ Change ☒ Addition
NAME **Lillian Young**
STREET ADDRESS **8783 State Hwy.83**
CITY-ST-ZIP **DeFuniak Springs, Fla. 32433**

TITLE **D** ☐ Delete
NAME **KILBY, SUE**
STREET ADDRESS **PO BOX 589**
CITY-ST-ZIP **DEVUNIAK SPRINGS FL 32435**

TITLE **Director** ☐ Change ☒ Addition
NAME **Reba Glidewell**
STREET ADDRESS **424 Gill Road**
CITY-ST-ZIP **DeFuniak Springs, Fla. 32433**

TITLE **D** ☐ Delete
NAME **WILSON, BARBARA**
STREET ADDRESS **PO BOX 463**
CITY-ST-ZIP **DEFUNIAK SPRINGS FL 32435**

TITLE **Director** ☐ Change ☒ Addition
NAME **William H. Green**
STREET ADDRESS **P. O. Box 609**
CITY-ST-ZIP **DeFuniak Springs, Fla. 32435**

TITLE **D** ☐ Delete
NAME **CRAWFORD, KATHLEEN**
STREET ADDRESS **119 EAST LIVE OAK**
CITY-ST-ZIP **DEFUNIAK SPRINGS FL 32435**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **MITCHELL, DOROTHY**
STREET ADDRESS **71 COLLEGE AVENUE**
CITY-ST-ZIP **DEFUNIAK SPRINGS FL 32435**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **WELLS, TEENA**
STREET ADDRESS **92 HILLCREST WAY**
CITY-ST-ZIP **DEFUNIAK SPRINGS FL 32433**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify 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 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:

William H. Green

1/5/03 850 892 7213

CR2E037 (10/02)