
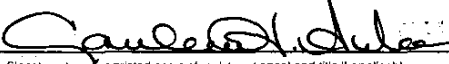



2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2005 8:00 am
Secretary of State

01-24-2005 90031 013 ****61.25

DOCUMENT # N99000003224 1. Entity Name WALTON COUNTY PUBLIC EDUCATION FINANCE AUTHORITY, INC.					
Principal Place of Business 145 PARK ST, SUITE 3 DEFUNIAK SPRINGS, FL 32415			Mailing Address 145 PARK ST, SUITE 3 DEFUNIAK SPRINGS, FL 32433		
2. Principal Place of Business 145 Park Street		3. Mailing Address 145 Park Street			
Suite, Apt. #, etc. Suite 3		Suite, Apt. #, etc. Suite 3			
City & State DeFuniak Springs, FL		City & State DeFuniak Springs, FL		4. FEI Number NOT.APPLICABLE	
Zip 32435		Country United States		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent YATES, COY M 145 PARK ST, SUITE 3 DEFUNIAK SPRINGS, FL 32433			7. Name and Address of New Registered Agent Name Carlene H. Anderson Street Address (P.O. Box Number is Not Acceptable) 145 Park Street Suite 2 City DeFuniak Springs FL Zip Code 32435		
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:  DATE: 1/13/05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete RICHARDSON, DONNIE 145 PARK ST, SUITE 3 DEFUNIAK SPRINGS, FL 32435		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete WILKERSON, MILDRED T 145 PARK ST, SUITE 3 DEFUNIAK SPRINGS, FL 32435		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete BARNHILL, DARRELL 145 PARK ST, SUITE 3 DEFUNIAK SPRINGS, FL 32435		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete DAVIS, MARK 145 PARK ST, SUITE 3 DEFUNIAK SPRINGS, FL 32435		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete LAIRD, WILLIAM E 145 PARK ST, SUITE 3 DEFUNIAK SPRINGS, FL 32435		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: 			DATE: 1/13/05		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Daytime Phone #</small>		