

**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**

Zip  
**32435**

Country  
**United States**

Zip  
**32435**

Country  
**United States**



01132005 Chg-NP CR2E037 (10/03)

4. FET Number  
**NOT APPLICABLE**

Applied For  
 Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$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**

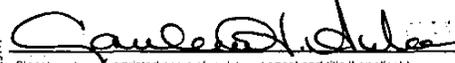
Street Address (P.O. Box Number is Not Acceptable)  
**145 Park Street**

**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:  **1/13/05**

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, 2005**

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**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RICHARDSON, DONNIE 145 PARK ST, SUITE 3 DEFUNIAK SPRINGS, FL 32435	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILKERSON, MILDRED T 145 PARK ST, SUITE 3 DEFUNIAK SPRINGS, FL 32435	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BARNHILL, DARRELL 145 PARK ST, SUITE 3 DEFUNIAK SPRINGS, FL 32435	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DAVIS, MARK 145 PARK ST, SUITE 3 DEFUNIAK SPRINGS, FL 32435	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LAIRD, WILLIAM E 145 PARK ST, SUITE 3 DEFUNIAK SPRINGS, FL 32435	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> 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:  **1/13/05**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #