

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 23, 2006 8:00 am
Secretary of State

01-23-2006 90034 007 ****61.25

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1. Entity Name
WALTON COUNTY PUBLIC EDUCATION FINANCE
AUTHORITY, INC.



Principal Place of Business
145 PARK STREET
STE 3
DEFUNIAK SPRINGS, FL 32435

Mailing Address
145 PARK STREET
STE 3
DEFUNIAK SPRINGS, FL 32435



01122006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

ANDERSON, CARLENE H
145 PARK STREET
STE 2
DEFUNIAK SPRINGS, FL 32435

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IN THIS SPACE**

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

Carlene H. Anderson
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, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D
NAME RICHARDSON, DONNIE
STREET ADDRESS 145 PARK ST, SUITE 3
CITY-ST-ZIP DEFUNIAK SPRINGS, FL 32435

TITLE D
NAME WILKERSON, MILDRED T
STREET ADDRESS 145 PARK ST, SUITE 3
CITY-ST-ZIP DEFUNIAK SPRINGS, FL 32435

TITLE D
NAME BARNHILL, DARRELL
STREET ADDRESS 145 PARK ST, SUITE 3
CITY-ST-ZIP DEFUNIAK SPRINGS, FL 32435

TITLE D
NAME DAVIS, MARK
STREET ADDRESS 145 PARK ST, SUITE 3
CITY-ST-ZIP DEFUNIAK SPRINGS, FL 32435

TITLE D
NAME LAIRD, WILLIAM E
STREET ADDRESS 145 PARK ST, SUITE 3
CITY-ST-ZIP DEFUNIAK SPRINGS, FL 32435

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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.

SIGNATURE

Carlene H. Anderson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #