


**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jul 31, 2008 8:00 am**  
**Secretary of State**

07-31-2008 90043 003 \*\*\*\*61.25

<b>DOCUMENT # N99000003224</b> 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
---	---

**DO NOT WRITE IN THIS SPACE**



07102008 No Chg-NP CR2E037 (4/06)

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE  
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* (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>Filing Fee is \$61.25 Due by September 12, 2008</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
--	---

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROBERTS, SHARON 145 PARK ST, SUITE 3 DEFUNIAK SPRINGS, FL 32435
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILKERSON, MILDRED T 145 PARK ST, SUITE 3 DEFUNIAK SPRINGS, FL 32435
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BARNHILL, DARRELL 145 PARK ST, SUITE 3 DEFUNIAK SPRINGS, FL 32435
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DAVIS, MARK 145 PARK ST, SUITE 3 DEFUNIAK SPRINGS, FL 32435
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LAIRD, WILLIAM E 145 PARK ST, SUITE 3 DEFUNIAK SPRINGS, FL 32435
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
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* 7/21/08 \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #