

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 29, 2000 8:00 am
Secretary of State

01-29-2000 90003 028 ****70.00

DOCUMENT # N10650

1. Entity Name

FLORIDA COMMUNITY SERVICES CORP. OF WALTON COUNT

Principal Place of Business

Mailing Address

70 LOGAN LANE
 GRAYTON BUSINESS CENTER
 SANTA ROAS BEACH FL 32459
 US

70 LOGAN LANE
 GRAYTON BUS CTR
 SANTA ROSA BEACH FL 32459-5702
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2643266

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

WILSON, DEWEY C JR
70 LOGAN LANE
SANTA ROSA BCH FL 32459

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.

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 Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	WILSON, DEWEY C.	
STREET ADDRESS	476 SAN JUAN AVENUE	
CITY-ST-ZIP	SANTA ROSA BEACH FL 32459	
TITLE	ST	<input type="checkbox"/> Delete
NAME	PILCHER, MELISSA W.	
STREET ADDRESS	51 GUAVA AVENUE	
CITY-ST-ZIP	DEFUNIAK SPRINGS FL	
TITLE	DPV	<input type="checkbox"/> Delete
NAME	ALFORD, DOUGLAS A.	
STREET ADDRESS	999 MCCOULLOUGH ROAD	
CITY-ST-ZIP	DEFUNIAK SPRINGS FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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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: Melissa W. Pilcher **1/18/00** **850-231-5114**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #



DO NOT WRITE IN THIS SPACE