

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2004 8:00 am
Secretary of State

01-22-2004 90006 019 ****70.00

DOCUMENT # N10650			
1. Entity Name FLORIDA COMMUNITY SERVICES CORP. OF WALTON COUNTY			
Principal Place of Business 70 LOGAN LANE GRAYTON BUSINESS CENTER SANTA ROSA BEACH, FL 32459 US		Mailing Address 70 LOGAN LANE GRAYTON BUS. CTR SANTA ROSA BEACH, FL 32459 US	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 59-2643266		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☒		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WILSON, DEWEY C JR 70 LOGAN LANE SANTA ROSA BCH, FL 32459		7. Name and Address of New Registered Agent 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ 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, 2004		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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD WILSON, DEWEY C. 476 SAN JUAN AVENUE SANTA ROSA BEACH, FL 32459 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☒ Change ☐ Addition 123 South Magnolia Court Freeport, FL 32439 V, S, T
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST PILCHER, MELISSA W 51 GUAVA AVENUE DEFUNIAK SPRINGS, FL ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DV ALFORD, DOUGLAS A. 999 MCCOULLOUGH ROAD DEFUNIAK SPRINGS, FL ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V HOWELL, WALTER S 168 TRADEWINDS DR. SANTA ROSA BEACH, FL 32459 ☒ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S DISMUKES, LOIS M 177 LEE PLACE SANTA ROSA BEACH, FL 32459 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ 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: <u>Melissa W. Pilcher</u>		Date: <u>1/12/04</u> Daytime Phone #: <u>850-231-5114</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			

44003483



01062004 Chg-NP CR2E037 (10/03)