

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jul 20, 1999 8:00 am
Secretary of State

07-20-1999 90019 005 ****61.25

DOCUMENT # N48470 ✓

1. Corporation Name

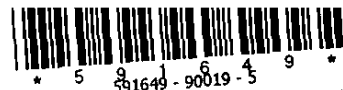
**FORT WALTON BEACH INTERNATIONAL COMMUNITY CHURCH
(P.C.A.), INC.**

Principal Place of Business

136 BEAL PARKWAY
FORT WALTON BEACH FL 32548

Mailing Address

202 TEXAS STREET
FORT WALTON BEACH FL 32548



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

04/17/1992

4. FEI Number

59-3124292

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

Trust Fund Contribution

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

NEWMAN, RAYMOND F JR
150 EGLIN PARKWAY NE
FORT WALTON BEACH FL 32548

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DP
JEA, JOSHUA SH
202 TEXAS ST.
FT. WALTON BEACH FL 32548

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D
BARTLE, JOE HUN
3918 SUMMER WOOD CT
NICEVILLE FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D
BATTLE, CHU H.
425 S. SART AVE.
PANAMA CITY FL 32578

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D
BRYAN, JERRY W.
337 BLESSINGER DR.
FORT WALTON BEACH FL 32547

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D
KIM, ANDREW M.
709 BENS LANE
EGLIN AFB FL 32542

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D
TROUT, YONG C.
1058 WILLOW LANE
EGLIN AFB FL 32542

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

D
BATTLE CHU H
3918 Summerwood Ct
Niceville FL 32578

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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; the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like employment.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

July 11, 99

Daytime Phone #

CR2E037 (5/99)