2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N48470

FILED Apr 15, 2005 Secretary of State

Entity Name: FORT WALTON BEACH INTERNATIONAL COMMUNITY CHURCH (P.C.A.), INC.

Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
	PARKWAY ALTON BEACH,	FL 32548			
Current Mailing Address:			New Mailing Addres	New Mailing Address:	
	PARKWAY ALTON BEACH,	FL 32548			
FEI Number	: 59-3124292	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	d Address of C	urrent Registered Agent:	Name and Address	of New Registered Agent:	
348 MIRA	I, RAYMOND F CLE STRIP PAF ALTON BEACH,	RKWAY, SUITE 7			
	e named entity s e of Florida.	ubmits this statement for the	purpose of changing its registere	ed office or registered agent, or both,	
SIGNATU	RE:				
	Electron	ic Signature of Registered Ag	gent	Date	
OFFICER	S AND DIRECT	rors:	ADDITIONS/CHANG	SES TO OFFICERS AND DIRECTOR	
Fitle: Name: Address: City-St-Zip:	JEA, JOSHUA S 705 OVERBROO		Title: Name: Address: City-St-Zip:	() Change () Addition	
Γitle: √ame:	BATTLE, CHÙ Ĥ	WOOD CT	Title: Name: Address: City-St-Zip:	() Change () Addition	
\ddress:	NICEVILLE, FL	32578	Oity-St-Zip.		
Address: Dity-St-Zip: Title: Name: Address:	NICEVILLE, FL	Delete C. LN.	Title: Name: Address: City-St-Zip:	() Change () Addition	
Address: City-St-Zip: Fitle: Name: Address: City-St-Zip: Fitle: Name: Address: City-St-Zip: City-St-Zip:	D () TROUT, YONG (1058 WILLOW I EGLIN AFB, FL D () HUI, JACKSON (705 TARPON L)	Delete C. LN. 32542 Delete C. N.	Title: Name: Address:	() Change () Addition () Change () Addition	
Address: Dity-St-Zip: Title: Jame: Address: Dity-St-Zip: Title: Jame: Address:	D () TROUT, YONG () 1058 WILLOW () EGLIN AFB, FL D () HUI, JACKSON () 705 TARPON LN NICEVILLE, FL D () SHIMLY, SUK H 1632 PETER CT	Delete C. LN. 32542 Delete C. N. 32578 Delete	Title: Name: Address: City-St-Zip: Title: Name: Address:		

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOSHUAJEA DP 04/15/2005