


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 11, 2005 8:00 am
Secretary of State

05-11-2005 90124 034 ****70.00

DOCUMENT # 702043	
1. Entity Name THE FIRST CHRISTIAN CHURCH OF FT. WALTON BEACH, FLORIDA, INC.	

Principal Place of Business 201 ST MARY AVE SW FT WALTON BEACH, FL 32549	Mailing Address PO BOX 2319 FT WALTON BEACH, FL 32549-2319
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2. Principal Place of Business 201 SAINT MARY AVE SW	3. Mailing Address Suite, Apt. #, etc.
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03172005 Chg-NP CR2E037 (10/03)

City & State FT WALTON BEACH FL	City & State
Zip 32548	Country USA

4. FEI Number 59-6609306	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent RUNYON, DEBBIE 112 OAK TERRACE DR CRESTVIEW, FL 32539	
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7. Name and Address of New Registered Agent Name DALTON, NANCY Street Address (P.O. Box Number is Not Acceptable) 132 NEWCASTLE CIRCLE City FT WALTON BEACH FL Zip Code 32547	
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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 *Nancy Dalton* **TREASURER** **4/30/05**
Signature, by which 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, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE C	<input checked="" type="checkbox"/> Delete	TITLE C	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME LEIGH, DON		NAME EAGERTON, LEIGH	
STREET ADDRESS 9320 VANDIMERE DR		STREET ADDRESS 405 NORTHAMPTON CIRCLE	
CITY-ST-ZIP NAVARRE, FL 32566		CITY-ST-ZIP FT WALTON BEACH FL 32547	
TITLE VC	<input checked="" type="checkbox"/> Delete	TITLE V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME YOUNG, KEITH		NAME ROESER, KEN	
STREET ADDRESS 211 WATER OAK LANE		STREET ADDRESS 364 CORAL DRIVE SW	
CITY-ST-ZIP CRESTVIEW, FL 32539		CITY-ST-ZIP FT WALTON BEACH FL 32547	
TITLE TD	<input checked="" type="checkbox"/> Delete	TITLE T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME RUNYON, DEBBIE		NAME DALTON, NANCY	
STREET ADDRESS 112 OAK TERRACE DR		STREET ADDRESS 132 NEWCASTLE CIRCLE	
CITY-ST-ZIP CRESTVIEW, FL 32539		CITY-ST-ZIP FT WALTON BEACH, FL 32547	
TITLE S	<input checked="" type="checkbox"/> Delete	TITLE Tr	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME LEIGH, LINDA		NAME BYNUM, JOY	
STREET ADDRESS 9320 VANDIVERE DRIVE		STREET ADDRESS 137 FERRI RD NE	
CITY-ST-ZIP NAVARRE, FL 32566		CITY-ST-ZIP FT WALTON BEACH, FL 32548	
TITLE CED	<input checked="" type="checkbox"/> Delete	TITLE Tr	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME WEATHERS, WES		NAME BOLTON, MAX	
STREET ADDRESS 707 FOREST SHORES		STREET ADDRESS 705 LONGLEAF DRIVE	
CITY-ST-ZIP MARY ESTHER, FL 32569		CITY-ST-ZIP FT WALTON BEACH, FL 32548	
TITLE FSD	<input checked="" type="checkbox"/> Delete	TITLE Tr	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME WEATHERS, WES		NAME WEATHERS, KATHY	
STREET ADDRESS 707 FOREST SHORES DR		STREET ADDRESS 707 FOREST SHORES DRIVE	
CITY-ST-ZIP MARY ESTHER, FL 32569		CITY-ST-ZIP MARY ESTHER, FL 32569	

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: *K. Leigh Egerton* **3/20/05** **(850) 837-4405**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #