

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 06, 2006 08:00 AM
Secretary of State

DOCUMENT # 702043 1. Entity Name THE FIRST CHRISTIAN CHURCH OF FT. WALTON BEACH, FLORIDA, INC.			
Principal Place of Business 201 ST MARY AVE SW FORT WALTON BEACH FL 32548		Mailing Address PO BOX 2319 FT WALTON BEACH FL 32549-2319	
2. Principal Place of Business 201 ST Mary Ave SW Suite, Apt. #, etc.		3. Mailing Address PO Box 2319 Suite, Apt. #, etc.	
City & State Fort Walton Beach FL		City & State Fort Walton Beach FL	
Zip 32548	Country	Zip 32549-2319	Country
5. Name and Address of Current Registered Agent DALTON, NANCY 132 NEWCASTLE CIRCLE FORT WALTON BEACH FL 32547		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)			
FILE NOW: FEE IS \$61.25 Due By May 1, 2006		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	C LEIGH, EAGERTON 405 NORTHAMPTON CIRCLE FORT WALTON BEACH FL 32547 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ROESER, KEN 364 CORAL DRIVE SW FORT WALTON BEACH FL 32547 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T DALTON, NANCY 132 NEWCASTLE CIRCLE FORT WALTON BEACH FL 32547 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR BYNUM, JOY 137 FERRY RD NE FORT WALTON BEACH FL 32548 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR BOLTON, MAX 705 LONGLEAF DRIVE FORT WALTON BEACH FL 32548 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR WEATHERS, KATHY 707 FOREST SHORES DR MARY ESTHER FL 32569 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Add

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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.