


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 22, 2007 8:00 am
Secretary of State

03-22-2007 90014 002 ****61.25

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 - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-6609306	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. 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 WALTER CRAFT Street Address (P.O. Box Number is Not Acceptable) 9 HICKORY AVENUE City SHALIMAR FL Zip Code 32579		
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 <u><i>Walter B. Craft</i></u> DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2007		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					
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	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	C ROESER, KEN 364 CORAL DRIVE SW FORT WALTON BEACH FL 32547
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V ROESER, KEN 364 CORAL DRIVE SW FORT WALTON BEACH, FL 32547	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	V FERARSON, PERNEY H. 348 CORAL DRIVE SW FORT WALTON BEACH FL 32547
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T DALTON, NANCY 132 NEWCASTLE CIRCLE FORT WALTON BEACH, FL 32547	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	T CRAFT, WALTER 9 HICKORY AVENUE SHALIMAR FL 32579
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TR BYNUM, JOY 137 FERRY RD NE FORT WALTON BEACH, FL 32548	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	TR STANADPE, LISA 1696 INDIAN LOOP N DESTIN FL 32550
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TR BOLTON, MAX 705 LONGLEAF DRIVE FORT WALTON BEACH, FL 32548	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	_____ <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TR WEATHERS, KATHY 707 FOREST SHORES DR MARY ESTHER, FL 32569	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	_____ <input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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.					
SIGNATURE: <u><i>Walter B. Craft</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			FEB 9, 2007 (850-651-3563) <small>Date Daytime Phone #</small>		