

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 702043

FILED
Feb 12, 2009
Secretary of State

Entity Name: THE FIRST CHRISTIAN CHURCH OF FT. WALTON BEACH, FLORIDA, INC.

Current Principal Place of Business:

201 ST MARY AVE SW
FORT WALTON BEACH, FL 32548

New Principal Place of Business:

Current Mailing Address:

PO BOX 2319
FT WALTON BEACH, FL 325492319

New Mailing Address:

FEI Number: 59-6609306

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CRAFT, WALTER
9 HICKORY AVE
SHALIMAR, FL 32579 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: V () Delete
Name: FEARSON, PERNEY H
Address: 348 CORAL DRIVE SW
City-St-Zip: FORT WALTON BEACH, FL 32547

Title: C () Delete
Name: ROESER, KEN
Address: 364 CORAL DRIVE SW
City-St-Zip: FORT WALTON BEACH, FL 32547

Title: T () Delete
Name: CRAFT, WALTER
Address: 9 HICKORY AVE
City-St-Zip: SHALIMAR, FL 32579

Title: TR () Delete
Name: STANHOPE, LISA
Address: 696 INDIGO LOOP N
City-St-Zip: DESTIN, FL 32550

Title: TR () Delete
Name: BOLTON, MAX
Address: 705 LONGLEAF DRIVE
City-St-Zip: FORT WALTON BEACH, FL 32548

Title: TR () Delete
Name: HEAVENER, JAMES
Address: 312 GARDNER DRIVE NE
City-St-Zip: FORT WALTON BEACH, FL 32548

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: TR (X) Change () Addition
Name: WADE, DON
Address: 220 ELLIOT ROAD
City-St-Zip: MARY ESTHER, FL 32569

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: WALTER CRAFT

T

02/12/2009

Electronic Signature of Signing Officer or Director

Date