FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB -7 PM 4:27

DOCUMENT # 714447 (0)

1. Corporation Name
FT. WALTON BEACH CHURCH OF CHRIST, INC.

Principal Place of Business	Mailing Address
P.O. BOX 1720 FORT WALTON BCH FL 32549-8720	P.O. BOX 1720 FORT WALTON BCH FL 32549-8720

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/16/1968
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-2154265 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21 2 Magnolia Ave.	26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 Fort Walton Beach, FL	28 City & State
24 Zip 32548 / 25 Country	29 Zip / 30 Country

9. Name and Address of Current Registered Agent

WILLIS, JAMES D.
~~1069 BLVD DE LA PARISIENNE~~
~~MARY ESTHER FL 32569~~

10. Name and Address of New Registered Agent

81 Name: JAMES D. WILLIS
82 Street Address (P.O. Box Number is Not Acceptable): 346 CHERIE CT.
83 –
84 City: FORT WALTON BEACH FL 85 Zip Code: 32548

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD	1.1 TITLE	☐ Change ☐ Addition
NAME	WILLIS, JAMES D	1.2 NAME	
STREET ADDRESS	~~1069 DE LA PARISIENN~~	1.3 STREET ADDRESS	346 CHERIE CT.
CITY-ST-ZIP	~~MARY ESTHER FL~~	1.4 CITY-ST-ZIP	FORT WALTON BEACH, FL 32548
TITLE	DV	2.1 TITLE	☐ Change ☐ Addition
NAME	MULLINS, JACK	2.2 NAME	
STREET ADDRESS	324 SCHNEIDER DR	2.3 STREET ADDRESS	
CITY-ST-ZIP	FT WALTON BCH FL	2.4 CITY-ST-ZIP	
TITLE	DVT	3.1 TITLE	☐ Change ☐ Addition
NAME	RENSHAW, JOSEPH	3.2 NAME	
STREET ADDRESS	5 BEDFORD CT	3.3 STREET ADDRESS	
CITY-ST-ZIP	FT WALTON BCH FL	3.4 CITY-ST-ZIP	
TITLE	DVS	4.1 TITLE	☐ Change ☐ Addition
NAME	GODFREY, HERMAN	4.2 NAME	
STREET ADDRESS	106A AZALEA DR	4.3 STREET ADDRESS	
CITY-ST-ZIP	EGLIN AFB FL	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, added or deleted with an address.

SIGNATURE: James D Willis James D. Willis 18 Jan 95 244-8361
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0078013