SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: $61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $236.25).

NONPROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jul 08, 1999 8:00 am
Secretary of State
07-08-1999 90024 049 ****61.25

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DOCUMENT # 714447

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

583863 - 90024 - 49

Principal Place of Business
232 HOLLYWOOD BLVD SE
FORT WALTON BCH FL 32548
US

Mailing Address
P.O. BOX 1720
FORT WALTON BCH FL 32549-8720

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

2a. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

3. Date Incorporated or Qualifed
04/16/1968

4. FEI Number
59-2154265
☐ Applied For
☐ Not Applicable

5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

DEAN, FRANK
78 COUNTRY CLUB DR E
DESTIN FL 32541

10. Name and Address of New Registered Agent

81 Name SAM LOWE
82 Street Address (P.O. Box Number is Not Acceptable) 1086 Parisienne Blvd
83
84 City Mary Esther FL 85 Zip Code 32569

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE SAMUEL S. LOWE [signature] 6-30-99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PTD	☒ DELETE	1.1 TITLE	D	☒ Change ☒ Addition
NAME	DEAN, FRANK		1.2 NAME	SAM LOWE	
STREET ADDRESS	78 COUNTRY CLUB DR E		1.3 STREET ADDRESS	1086 Parisienne Blvd	
CITY-ST-ZIP	DESTIN FL		1.4 CITY-ST-ZIP	Mary Esther, FL 32569	
TITLE	DV	☒ DELETE	2.1 TITLE	D	☐ Change ☒ Addition
NAME	HARTZOG, LAWRENCE		2.2 NAME	DAVID JEFFCOAT	
STREET ADDRESS	159 BEAL PKWY		2.3 STREET ADDRESS	110 YACHT CLUB DR	
CITY-ST-ZIP	FT WALTON BCH FL		2.4 CITY-ST-ZIP	FT WALTON BEACH, FL, 32548	
TITLE	DS	☒ DELETE	3.1 TITLE	D	☐ Change ☒ Addition
NAME	POTTER, WARREN		3.2 NAME	DARREL WILLIS	
STREET ADDRESS	301 JONQUIL AVE		3.3 STREET ADDRESS	415 JILLIAN DR	
CITY-ST-ZIP	FT WALTON BEACH FL		3.4. CITY-ST-ZIP	CRESTVIEW, FL 32536	
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (5/99)

14. 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 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, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] SAMUEL S. LOWE 6/30/99 850-337-0116
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #