2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#714447

FILED Feb 08, 2006 Secretary of State

Entity Name: FT. WALTON BEACH CHURCH OF CHRIST, INC.

urrent P	rincipal Place	OT BUSINESS:	New Principal Place	e of business:
	YWOOD BLVD ALTON BEACH,			
OI(1 117	CTON BEXON,	1		
Current Mailing Address:		New Mailing Addre	New Mailing Address:	
O. BOX	1720 ALTON BEACH,	FL 325498720		
El Number	: 59-2154265	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()
ame and	d Address of Ci	urrent Registered Agent:	Name and Address	of New Registered Agent:
OWE, SA SHADY 1ARY ES		9 US		
	e named entity so e of Florida.	ubmits this statement for the	purpose of changing its register	ed office or registered agent, or both,
the Stat	e of Florida.	ubmits this statement for the	purpose of changing its register	red office or registered agent, or both,
the Stat	e of Florida. RE:	ubmits this statement for the		ed office or registered agent, or both, Date
the Stat	e of Florida. RE:	c Signature of Registered Ag	ent	
the Stat	e of Florida. RE: Electronic S AND DIRECT	c Signature of Registered Ag F ORS: Delete	ent	Date
FFICER Ide: Ide: Idress: Idress: Idress: Idress: Idress: Idress:	e of Florida. RE: Electronic S AND DIRECT D ()I LOWE, SAM 3 SHADY LN. MARY ESTHER, D ()I JEFFCOAT, DAV 311 VAUGHAN S	c Signature of Registered Ag FORS: Delete FL 32569 Delete	ent ADDITIONS/CHANC Title: Name: Address:	Date GES TO OFFICERS AND DIRECTOR
the State IGNATU FFICER tle: ame: ddress:	e of Florida. RE: Electronic S AND DIRECT D ()I LOWE, SAM 3 SHADY LN. MARY ESTHER, D ()I JEFFCOAT, DAV 311 VAUGHAN S FORT WALTON D ()I RUSSELL, MICH 209 BAKER AVE	c Signature of Registered AgeroRS: Delete FL 32569 Delete //ID ST NW BEACH, FL 32548 Delete IAEL	ent ADDITIONS/CHANG Title: Name: Address: City-St-Zip: Title: Name: Address:	Date GES TO OFFICERS AND DIRECTOR () Change () Addition

I hereby certify that the information supplied with this filing does not qualify for the 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: SAM LOWE D 02/08/2006