2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#714447

FILED Jan 19, 2007 Secretary of State

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

urrent P	rincipal Place of Business:	New Principal Place of	Business:
	YWOOD BLVD SE		
ORT WA	ALTON BEACH, FL 32548 US		
urrent M	lailing Address:	New Mailing Address:	
P.O. BOX ORT WA	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 Current Registered Agent:	Name and Address of N	lew Registered Agent:
OWE, SA SHADY I MARY ES			
	e named entity submits this statement for th e of Florida.	e purpose of changing its registered o	ffice or registered agent, or both,
the State	e of Florida.	e purpose of changing its registered o	ffice or registered agent, or both,
the State	e of Florida.		office or registered agent, or both,
the State	e of Florida. [*] RE:	Agent	
the State	e of Florida. RE: Electronic Signature of Registered A	Agent ADDITIONS/CHANGES	Date
the State IGNATUI FFICER: tle: ame: ddress:	e of Florida. RE: Electronic Signature of Registered A S AND DIRECTORS: D () Delete LOWE, SAM 3 SHADY LN.	Agent ADDITIONS/CHANGES Title: () Name: Address: City-St-Zip:	Date TO OFFICERS AND DIRECTO
FFICER: de: ame: dress: ty-St-Zip: de: ame: ddress:	e of Florida. RE: Electronic Signature of Registered A S AND DIRECTORS: D () Delete LOWE, SAM 3 SHADY LN. MARY ESTHER, FL 32569 D () Delete JEFFCOAT, DAVID 311 VAUGHAN ST NW	Agent ADDITIONS/CHANGES Title: () Name: Address: City-St-Zip: Title: () Name: Address: City-St-Zip:	Date 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 01/19/2007