2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2009
Secretary of State

DOCUMENT# 714447

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

Current Principal Place of Business:

232 HOLLYWOOD BLVD SE
FORT WALTON BEACH, FL 32548 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1720
FORT WALTON BEACH, FL 325498720

New Mailing Address:

232 HOLLYWOOD BLVD SE
FORT WALTON BEACH, FL 32548 US

FEI Number: 59-2154265 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LOWE, SAM
3 SHADY LN.
MARY ESTHER, FL 32569 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: D ( ) Delete
Name: LOWE, SAM
Address: 3 SHADY LN.
City-St-Zip: MARY ESTHER, FL 32569

Title: D ( ) Delete
Name: JEFFCOAT, DAVID
Address: 311 VAUGHAN ST NW
City-St-Zip: FORT WALTON BEACH, FL 32548

Title: D ( ) Delete
Name: RUSSELL, MICHAEL
Address: 209 BAKER AVENUE
City-St-Zip: FORT WALTON BEACH, FL 32548

Title: D ( ) Delete
Name: BARRON, GLENN
Address: 903 WOODBRIAR COURT
City-St-Zip: FORT WALTON BEACH, FL 32547

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:

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: SAM LOWE D 01/14/2009

Electronic Signature of Signing Officer or Director Date