2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # 723105 Mar 06, 2000 8:00 am 1. Entity Name **Secretary of State** WESTMINSTER PRESBYTERIAN CHURCH OF FORT WALTON B 03-06-2000 90021 027 ****61.25 Principal Place of Business Mailing Address 2 WOODHAM ST 2 WOODHAM ST FT WALTON BCH FL 32547-2721 FT WALTON BCH FL 32547 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 59-0943260 Not Applicable Country \$8.75 Additional Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) BOSWELL, KENNETH M. 208 STILLWATER COVE DESTIN FL 32541 Zip Code City 8. 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 agent and title if applicable (NOTE. Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing Make Check Pavable to FILE NOW: \$5.00 May Be П Trust Fund Contribution. Added to Fees **Department of State** FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. ☐ Addition PCD X Delete PCD TITLE TITLE KOCH, MARK Boswell, Steve NAME NAME 331 Antiqua Way STREET ADDRESS STREET ADDRESS 1695 PARKSIDE CIRCLE CITY-ST-7IP CITY-ST-ZIP Niceville, FL 32578 NICEVILLE FL 32578 Change ☐ Addition TITLE VCD ☐ Delete TITLE SEAY, RANDY NAME NAME STREET ADDRESS STREET ADDRESS 834 OVERBROOK DR CITY-ST-ZIP CITY-ST-ZIP FORT WALTON BCH FL 32547 ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME BOSWELL, KEN STREET ADDRESS STREET ADDRESS 308 STILLWATER COVE CITY-ST-ZIP CITY-ST-ZIP DESTIN FL 32541 ☑ Delete TITLE Change ☐ Addition TITLE Highers, Ted NAME BEARD, BRYAN NAME STREET ADDRESS 228 Marshall Drive, NE STREET ADDRESS 96 YACHT CLUB DR NE UNIT 8 CITY-ST-7IP CITY-ST-ZIP FT WALTON BEACH FL 32548 Fort Walton Beach, FL Change ☐ Addition ☐ Detete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 12. 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 report or supplemental 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 10 or Block 11 if

SIGNATURE: SIGNATURE - PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Dayling Phone #

changed, or on an attachment with an address, with all oth