

**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 07, 2003 8:00 am
Secretary of State

02-07-2003 90113 012 ****61.25

DOCUMENT # 723105

1. Entity Name

Westminster Presbyterian Church of Fort Walton
Beach, INC



90020559

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
2 Woodham Avenue

3. Mailing Address
2 Woodham Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Fort Walton Beach, FL

City & State
Fort Walton Beach, FL

4. FEI Number 59-0943260

Applied For
Not Applicable

Zip
32547

Country
USA

Zip
32547

Country
USA

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name Ken Boswell

Street Address (P.O. Box Number is Not Acceptable)

212 Mattie's Way

City Destin

FL

Zip Code
32541

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FEE IS \$61.25
Initial or Amended UBR

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PCD
Dan Sullivan
45 Magnolia Avenue, Shalimar, FL 32579

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VCD
Bryan Beard
96 Yacht Club Drive, NE - Unit 8
Fort Walton Beach, FL 32548

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TD
Ken Boswell
212 Mattie's Way, Destin, FL 32541

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
Jerry Robertson
1205 Oakmont Drive, Niceville, FL 32578

TITLE
NAME
STREET ADDRESS
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**DO NOT WRITE
IN THIS SPACE**

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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/03/03

Date

850-862-8825

Daytime Phone #

CR2E037B (12/02)