2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 736473

FILED Apr 08, 2008 Secretary of State

Entity Name: VILLAGE BAPTIST CHURCH OF DESTIN, INC.

Current P	rincipal Plac	e of Business:	New Prin	New Principal Place of Business:			
	HEW BLVD FL 325400968	US					
Current M	lailing Addre	ss:	New Mai	New Mailing Address:			
	HEW BLVD FL 325400968	US					
FEI Number	: 59-1734759	FEI Number Applied For ()	FEI Number Not Ap	plicable ()	Certificate of Status Desired ()		
Name and	Address of	Current Registered Agent:	Name an	d Address of	New Registered Agent:		
DAVIES, STEVEN A 311 WALTON WAY DESTIN, FL 325508252 US			311 WAĹ	DAVIES, STEVEN A DR. 311 WALTON WAY DESTIN, FL 325508252 US			
	e named entity e of Florida.	submits this statement for th	e purpose of changing	its registered	office or registered agent, or bot	٦,	
SIGNATUI	RE: DR. STE	EVEN A. DAVIES			04/08/2008	_	
	Electro	nic Signature of Registered /	Agent		Date		
OFFICER	S AND DIREC	CTORS:	ADDITIO	NS/CHANGE	S TO OFFICERS AND DIRECTO)RS	
Title: Name: Address: City-St-Zip:	D (ODEN, BARRY 313 TEQUEST DESTIN, FL 3	A DR	Title: Name: Address: City-St-Zip:		() Change () Addition		
Title: Name: Address: City-St-Zip:	PD (DAVIES, STEV 311 WALTON DESTIN, FL 3	WAY	Title: Name: Address: City-St-Zip:	DAVIES, STE 311 WALTON	I WAY		
Title: Name: Address: City-St-Zip:	VD (BROWN, LOR 322 STARLING DESTIN, FL 3	GCT.	Title: Name: Address: City-St-Zip:	·	() Change () Addition		
Title: Name: Address: City-St-Zip:	SD (POWELL, JR, 175 RIDGE LA CRESTVIEW,	KE RD	Title: Name: Address: City-St-Zip:	(() Change () Addition		
Title: Name: Address: City-St-Zip:	T (ASKEW, VANO 22 INDIAN BA' DESTIN, FL 3	YOU DR	Title: Name: Address: City-St-Zip:	(() Change () Addition		
Title: Name: Address: City-St-Zip:	ABERNATHY,	CLUB DR. W.	Title: Name: Address: City-St-Zip:	(() Change () Addition		

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:	DR. STEVEN A. DAVIES	PD	04/08/2008
Electronic Signature of Signing Officer or Director			Date