

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 12, 2007 8:00 am**  
**Secretary of State**

03-12-2007 90361 017 \*\*\*\*\*70.00

<b>DOCUMENT # 746198</b> 1. Entity Name <b>DESTIN CHURCH OF CHRIST, INC.</b>					
Principal Place of Business <b>150 BEACH ST. DESTIN, FL 32541</b>				Mailing Address <b>150 BEACH ST. DESTIN, FL 32541</b>	
2. Principal Place of Business - No P.O. Box # <b>150 Beach Drive</b> Suite, Apt. #, etc.		3. Mailing Address <b>150 Beach Drive</b> Suite, Apt. #, etc.			
City & State <b>Destin FL</b>		City & State <b>Destin FL</b>		4. FEI Number <b>59-1941244</b>	
Zip <b>32541</b>		Country <b>USA</b>		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>WALTER D. SCOTT 150 BEACH DR. DESTIN, FL 32541</b>				7. Name and Address of New Registered Agent Name <b>Deborah S. Lentz</b> Street Address (P.O. Box Number is Not Acceptable) <b>150 Beach Drive</b> City <b>Destin</b> <b>FL</b> Zip Code <b>32541</b>	
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 <u><i>Deborah S. Lentz</i></u> <b>Deborah S. Lentz</b> <b>3/7/07</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees		<b>Make check payable to Florida Department of State</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>STD CARTER, TOM 715 MARS DESTIN, FL 32541</b>	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>President, Director</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>PD SCOTT, WALTER D 358 SAILFISH DR DESTIN, FL 32541</b>	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D DARDAR, BERNARD 100 NORWOOD DR. #10 DESTIN, FL 32250</b>	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>Treasurer, Director Deborah S. Lentz 15200 Emerald Coast Parkway #506 Destin FL 32541</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 changed, or on an attachment with an address, with all other like empowered.					
<b>SIGNATURE: <u><i>Deborah S. Lentz</i></u> <b>Deborah S. Lentz</b> <b>3/7/07 (850) 9749762</b></b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					