

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000002764

FILED  
May 27, 2009  
Secretary of State

**Entity Name:** CITY CHURCH OF FORT WALTON BEACH, INC.

**Current Principal Place of Business:**

702 DUBOIS DR  
FT WALTON BEACH, FL 32547

**New Principal Place of Business:**

**Current Mailing Address:**

702 DUBOIS DR  
FT WALTON BEACH, FL 32547

**New Mailing Address:**

**FEI Number:** 59-3637687      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

WARD, DAVID P  
702 DUBOIS DR  
FT WALTON BEACH, FL 32547      US

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: DP      ( ) Delete  
Name: WARD, DAVID P  
Address: 702 DUBOIS DR  
City-St-Zip: FT WALTON BEACH, FL 32547

Title: DV      ( ) Delete  
Name: WARD, DI'ANNA M  
Address: 702 DUBOIS DR  
City-St-Zip: FT WALTON BEACH, FL 32547

Title: DST      ( ) Delete  
Name: HOLLAND, CATHY A  
Address: 823 TANAGER DR  
City-St-Zip: FT 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:

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: DAVID P. WARD

DP

05/27/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date