

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 18, 2006 08:00 AM
Secretary of State

DOCUMENT # N03000006348 1. Entity Name CHURCH OF CHRIST AT THE BEACHES INC.	
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Principal Place of Business 314 FIREHOUSE RD. PORT ST JOE, FL 32456	Mailing Address PO BOX 13491 PANAMA CITY, FL 32401
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02202006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-0189184	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent HISCOCK, KIRK 104 NAUTILUS CT PORT ST JOE, FL 32456

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IN THIS SPACE**

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 _____

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP HISCOCK, KIRK 104 NAUTILUS CT PORT ST JOE, FL 32456
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVT WALDIN, MICHAEL 251 TIMBERLANE RD WEWAHITCHKA, FL 32465
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS HOUSE, WILLIE 4652 S HWY 71 WEWAHITCHKA, FL 32465
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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 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, without other like empowered.

SIGNATURE: Michael Waldin
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-17-06 (850) 832-0160
Date Daytime Phone