

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 07, 2005 8:00 am
Secretary of State

01-07-2005 90019 034 ****61.25

DOCUMENT # N04000010286

1. Entity Name
SANTA ROSA BEACH CHURCH OF CHRIST INC.



Principal Place of Business
**336 CALLE ESCADA
SANTA ROSA BEACH, FL 32459**

Mailing Address
**336 CALLE ESCADA
SANTA ROSA BEACH, FL 32459**



2. Principal Place of Business
124-B Mussett Bayou Rd.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01042005 Chg-NP CR2E037 (10/03)

City & State
Santa Rosa Beach, FL.

City & State

4. FEI Number
01-0822888

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**OLDENKAMP, ROSS
336 CALLE ESCADA
SANTA ROSA BEACH, FL 32459**

Name

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

City

FL

Zip Code

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, 2005**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **P** ☐ Delete
NAME **OLDENKAMP, ROSS A**
STREET ADDRESS **336 CALLE ESCADA**
CITY-ST-ZIP **SANTA ROSA BEACH, FL 32459**

TITLE **T** ☐ Change ☒ Addition
NAME **Charlie Bean**
STREET ADDRESS **2233 Bay Grove Rd.**
CITY-ST-ZIP **Freeport, FL 32439**

TITLE **VP** ☐ Delete
NAME **SCALLY, NIALL**
STREET ADDRESS **539 CALLE ESCADA**
CITY-ST-ZIP **SANTA ROSA BEACH, FL 32459**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Ross Oldenkamp**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-4-05

Date

(850) 622-0516

Daytime Phone #