1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # N05820

1. Corporation Name

FAITH ASSEMBLY CHRISTIAN CHURCH OF MIRAMAR BEACH

Principal Place of Business 306 GERONIMO

DESTIN FL 32541

Mailing Address

2a. Mailing Address

PO BOX 1536

SANTA ROSA BCH, FL 32459

FILED Mar 09, 1999 8:00 am § Secretary of State

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3. Date Incorporated or Qualifed

2. Principal Pl	ace of Business	2a. Mailing Address			3. Date Incorporated or Qualifed 10/23/1984				
21	#	Suite, Apt. #, etc.			4. FEI Number	, ·	- I- Ann	lied For	
Suite, Apt.	#, etc.				59-2936244			Applicable	
City & State		City & State			5. Certificate of Status Desired	ο.	\$8.75 A	dditional	
23		28						<u></u>	
Zip	Country 25	Zip 36	Country		6. Election Campaign Financing Trust Fund Contribution		\$5.00 r Added to	- 1	
24	9. Name and Address of Current I	<u> </u>	' '		10. Name and Address of New I	Registered	Agent		
			81	Name					
ARNETT, TOY R.,JR. 282 SNOWDRIFT			82	Street Addre	ess (P.O. Box Number is Not Accept	able)			
]62	52 Street Address (F.O. Box Muthbell is Not Acceptable)					
DESTIN FL 32541		83	83						
DEGITATIO	02041		84	84 City 85 Zip Code					
				•		FL			
11. Pursuant	to the provisions of Sections 617.0502	and 617.1508, Florida Statutes,	the above	-named corpo	eration submits this statement for the	purpose of	changing its	registered	
office or re agent. I a	to the provisions of Sections 617,0502 a egistered agent, or both, in the State of m familiar with, and accept the obligatio	ns of, Section 617.0503, Florid	a Statutes.	ine corporation	is board of directors. Thereby acce	pr me appoi	nunoni as reg	Jordico	
SIGNATURE	, , ,					•			
	Signature, typed or printed name of registered agent a			signature required	when reinstating) ADDITIONS/CHANGES TO OF	DATE EICEDS AN	IN DIRECTOR	2S IN 12	
12.	OFFICERS AND	DIRECTORS DELETE	13.		ADDITIONS/CHANGES TO OF	TICERS A	Change	Addition	
TITLE	PD	☐ DECE LE	1.1 TITLE				Continue	Пишин	
NAME	ARNETT, TOY R., JR.		1.2 NAME						
STREET ADDRESS	282 SNOWDRIFT		1.3 STREET)	
CITY-ST-ZIP	DESTIN FL 32541		1.4 CITY-ST	-ZIP	_		[*] Change	Addition	
TITLE	VD	☐ DELETE	2.1 TITLE		,		□ ouende		
NAME	ARNETT, RENA		2.2 NAME						
STREET ADDRESS	282 SNOWDRIFT		2.3 STREET	1		·			
CITY+ST-ZIP	DESTIN FL 32541		2. 4 CITY- S	T-ZIP			Change	Addition	
TITLE	SDT	☐ DELETE	3.1 TITLE				C) Ovidingo		
NAME	SCHILE, DONALD J.		3.2 NAME					1	
STREET ADDRESS	735 SPRING LAKE DR.		3.3 STREET						
CITY-ST-ZIP	DESTIN FL		3.4. CITY-S	T-ZIP			Change	Addition	
TITLE	D	☐ DELETE	4.1 TITLE		•	•	□ Outlinge		
NAME	SCHILE, ELLEN B.		4. 2 NAME						
STREET ADDRESS	735 SPRING LAKE DR		4.3 STREET						
CITY-ST-ZIP	DESTIN FL		4.4 CITY-ST	- ZIP			Change	Addition	
TITLE	D	☐ OELETÉ	5.1 TITLE				Change	□ Wagger {	
NAME	NESIUS, SHANNON		5.2 NAME	ADDOCCO					
STREET ADDRESS	3 COOSA CT		5.3 STREET						
CITY-ST-ZIP	DESTIN FL	(i) pereze	5.4 CITY-ST 6.1 TITLE	- ZIF			Change	Addition	
TITLE		☐ DELETE	1	}			C) cuange	☐ \\(\frac{1}{2}\)	
NAME			6.2 NAME	4000000]	
STREET ADDRESS			6.3 STREET	1					
CITY-ST-ZIP			6.4 CITY-ST	-ZIP					

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or open attachment with an address, with all other like empowered.

SIGNATURE: