

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 18, 2003 8:00 am**  
**Secretary of State**

04-18-2003 90382 001 \*\*\*122.50

**DOCUMENT # N05820**

1. Entity Name

**FAITH ASSEMBLY CHRISTIAN CHURCH OF MIRAMAR BEACH  
, INC.**



Principal Place of Business

Mailing Address

**306 GERONIMO  
DESTIN FL 32550**

**PO BOX 1536  
SANTA ROSA BCH. FL 32459**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2936244**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional  
Fee Required**



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ARNETT, TOY R., JR.  
306 SO. GERONIMO STREET  
DESTIN FL 32550**

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 \_\_\_\_\_

**FILE NOW: FEE IS \$61.25**

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	<b>PD</b>	<input type="checkbox"/> Delete
NAME	<b>ARNETT, TOY R., JR.</b>	
STREET ADDRESS	<b>306 SO. GERONIMO ST</b>	
CITY-ST-ZIP	<b>DESTIN FL 32550</b>	
TITLE	<b>VD</b>	<input type="checkbox"/> Delete
NAME	<b>ARNETT, RENA</b>	
STREET ADDRESS	<b>306 SO. GERONIMO STREET</b>	
CITY-ST-ZIP	<b>DESTIN FL 32550</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>NESIUS, SHANNON</b>	
STREET ADDRESS	<b>320 SANDMYRTLE TR</b>	
CITY-ST-ZIP	<b>DESTIN FL 32541</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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: *Toy Arnett* **TOY ARNETT** 4/15/03 850 837 761

CFR2E037 (10/02)