

Amended **2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)**

08-2T-2007 90007 021 ***61.25
N06000003089

FILED

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CLERK OF STATE
TALLAHASSEE, FLORIDA



2nd MOORE CR2E037 (4/07)

DOCUMENT # N06000003089					
1. Entity Name FELLOWSHIP CHURCHES OF SANTA ROSA COUNTY, INC.					
Principal Place of Business 6807 CHAFFIN STREET MILTON FL 32570			Mailing Address 6807 CHAFFIN STREET MILTON FL 32570		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 20-4847978	
				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent RHODES, ESIC 6807 CHAFFIN STREET MILTON FL 32570			7. Name and Address of New Registered Agent		
			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 _____ <small>Signature, typed or printed name of registered agent and fee if applicable (NOTE: Registered Agent signature required when reinstating)</small> DATE _____					
FILE NOW: FEE IS \$61.25 Due By September 5, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	RHODES, ESIC	NAME			
STREET ADDRESS	5550 ECONFINA STREET	STREET ADDRESS			
CITY-ST-ZIP	MILTON FL 32570	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	GILMORE, WARREN	NAME			
STREET ADDRESS	PO BOX 833	STREET ADDRESS			
CITY-ST-ZIP	MILTON FL 32572	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	GOOLSBY, JAMES	NAME			
STREET ADDRESS	5301 MARTIN LUTHER KING DR	STREET ADDRESS			
CITY-ST-ZIP	MILTON FL 32570	CITY-ST-ZIP			
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	TRAVIS, WILLI D SR	NAME			
STREET ADDRESS	175 LIMIT STREET	STREET ADDRESS			
CITY-ST-ZIP	MILTON FL 32570	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	ALEXANDER, VICTOR	NAME			
STREET ADDRESS	5038 MARTIN LUTHER KING DR	STREET ADDRESS			
CITY-ST-ZIP	MILTON FL 32570	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	PERRY, MICHAEL K	NAME			
STREET ADDRESS	5299 RICHBURG STREET	STREET ADDRESS			
CITY-ST-ZIP	MILTON FL 32583	CITY-ST-ZIP			
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, with all other like empowered.					
SIGNATURE: <i>Esic Rhodes Jr.</i>			15 August 2007 850-626-2037		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date</small>		