

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 29, 2005 8:00 am**  
**Secretary of State**

04-29-2005 90240 046 \*\*\*\*61.25

<b>DOCUMENT # N17398</b> 1. Entity Name <b>FIRST PRESBYTERIAN CHURCH OF DESTIN, INC.</b>					
Principal Place of Business <b>154 CALHOUN AVENUE DESTIN, FL 32541</b>			Mailing Address <b>154 CALHOUN AVENUE DESTIN, FL 32541</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>59-1315299</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>EVANS, LEILA J. 2403 MARINA DRIVE FORT WALTON BEACH, FL 32547</b>				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP <b>EVANS, LEILA J</b> <b>2403 MARINA DRIVE</b> <b>FT. WALTON BCH, FL 32547</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	TRUSTEE <b>CHAMBERS, LORA</b> <b>113 Traquility Lane</b> <b>Destin, FL 32541</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR <b>MCGILL, ROBERT</b> <b>952 BAMBI DRIVE</b> <b>DESTIN, FL 32541</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	TRUSTEE <b>LAYMAN, SUSAN</b> <b>91 Norwood Drive , Destin, FL 32541</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR <b>EDMONDSON, CAROLE</b> <b>13004 TREASURE COVE</b> <b>NICEVILLE, FL 32578</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	TRUSTEE <b>SALMON, TOM</b> <b>Destin, FL 32541</b> <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR <b>GUTOS, JOE</b> <b>820 N. LAKESIDE</b> <b>DESTIN, FL 32541</b> <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	TRUSTEE <b>TAYLOR, BECKY</b> <b>Destin, FL 32541</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR <b>DICKINSON, CHUCK</b> <b>8810 ST. ANDREWS DR.</b> <b>DESTIN, FL 32550</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	TRUSTEE <b>REAGAN, JAMES</b> <b>126 S.Shore Drive #444</b> <b>Miramar, Beach, FL 32550</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR <b>STEWART, CRAIG</b> <b>749 BEECH STREET</b> <b>DESTIN, FL 32541</b> <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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.					
<b>SIGNATURE:</b> <i>Leila J. Evans</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<b>LEILA J. EVANS</b> Date <b>4/28/05</b> Daytime Phone <b>850/837-6425</b>		