

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N48470

FILED  
Feb 27, 2009  
Secretary of State

**Entity Name:** FORT WALTON BEACH INTERNATIONAL COMMUNITY CHURCH (P.C.A.), INC.

**Current Principal Place of Business:**

136 BEAL PARKWAY  
FORT WALTON BEACH, FL 32548

**New Principal Place of Business:**

**Current Mailing Address:**

136 BEAL PARKWAY  
FORT WALTON BEACH, FL 32548

**New Mailing Address:**

**FEI Number:** 59-3124292

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

JEA, JOSHUA S PASTOR  
705 OVER BROOKS DR  
FORT WALTON BEACH, FL 32547 US

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.

SIGNATURE: JOSHUAJEA

02/27/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: DP ( ) Delete  
Name: JEA, JOSHUA S  
Address: 705 OVERBROOK DR.  
City-St-Zip: FT. WALTON BEACH, FL 32547

Title: D (X) Delete  
Name: CLEARY, SUNG S  
Address: 8524 MISTY RIDGE  
City-St-Zip: NAVARRE, FL 32566

Title: D ( ) Delete  
Name: BAE, YOUNG S  
Address: 114- A BENNING DR.  
City-St-Zip: NICEVILLE, FL 32578

Title: D ( ) Delete  
Name: SUNG, NAK S  
Address: 4 TANGLEWOOD CIRCLE  
City-St-Zip: FT. WALTON BEACH, FL 32547

Title: D ( ) Delete  
Name: COVERT, SONG L  
Address: 66 NORWICH CIR.  
City-St-Zip: NICEVILLE, FL 32578

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOSHUA JEA

DP

02/27/2009

Electronic Signature of Signing Officer or Director

Date