

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N93000000489 (5)

1. Corporation Name

SOUTH WALTON MINISTERIAL ASSOCIATION, INC.



Principal Place of Business

Mailing Address

CARONE LN
100 CARONE LANE
SANTA ROSA BEACH FL 32459
US

CARONE LN
100 CARONE LANE
SANTA ROSA BEACH FL 32459
US

3. Date Incorporated or Qualified
02/05/1993

3a. Date of Last Report
04/20/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

30

4. FEI Number
59-3173173

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐

\$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WILSON, GEORGE P
100 CARONE LANE
RT. 1, BOX 300
SANTA ROSA BEACH FL 32459

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

George P. Wilson
Signature, typed or printed name of registered agent and title if applicable.

George P. Wilson Director, Treasurer
(NOTE: Registered Agent signature required when reinstating)

1/13/96
DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP
DC
HENDRICKS, ROBERT E
103 HEWITT PT RD
SANTA ROSA BEACH FL

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
D

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
ULLRICH, DONALD
381 GOLFVIEW DRIVE
DESTIN FL 32541

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
DVC

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP
DST
WILSON, GEORGE P
100 CARONE LANE
SANTA ROSA BEACH FL

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
DT

TITLE ☒ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
YUNKER, JAMES A.
171 PINE ST
SANTA ROSA BCH FL

4.1 TITLE ☐ Change ☒ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
DS
TOM HAMON
325 HAMON AVE.
SANTA ROSA BCH, FL 32459

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
BRIGHT, CARL
PO BOX 1602 NA
SANTA ROSA BCH FL

5.1 TITLE ☒ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
DC

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
KEYES, DAVID
10 FAIRWAY DR
SANTA ROSA BCH FL

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 on an attachment with an address.

SIGNATURE:

Carl C. Bright
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

9042673332
Daytime Phone #

CR2E037 (12/95)