

FILE NOW: FILING FEE IS \$61.25

FILED
Apr 08 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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
CARONE LN
100 CARONE LANE
SANTA ROSA BEACH FL 32459
US

Mailing Address
CARONE LN
100 CARONE LANE
SANTA ROSA BEACH FL 32459-3468
US

2. Principal Place of Business
21 Fairway Dr.
Suite, Apt. #, etc.
22 10 Fairway Drive
City & State
23 Santa Rosa Bch., FL
Zip
24 32459
Country
25 US

2a. Mailing Address
26 Fairway Dr.
Suite, Apt. #, etc.
27 10 Fairway Dr.
City & State
28 Santa Rosa Bch., FL
Zip
29 32459
Country
30 US

3. Date Incorporated or Qualified
02/05/1993

3a. Date of Last Report
01/23/1996

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

10. Name and Address of New Registered Agent
81 Name
David Keyes
82 Street Address (P.O. Box Number is Not Acceptable)
10 Fairway Drive
83
84 City
Santa Rosa Beach, FL
85 Zip Code
32459

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 David Keyes David Keyes 1/15/97
Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
D	HENDRICKS, ROBERT E	103 HEWITT PT RD	SANTA ROSA BEACH FL	<input type="checkbox"/>
DVC	ULLRICH, DONALD	381 GOLFVIEW DRIVE	DESTIN FL	<input type="checkbox"/>
DT	WILSON, GEORGE P	100 CARONE LANE	SANTA ROSA BEACH FL	<input checked="" type="checkbox"/>
DS	HAMON, TOM	325 HAMON AVE.	SANTA ROSA BEACH FL	<input type="checkbox"/>
DC	BRIGHT, CARL	PO BOX 1602 NA	SANTA ROSA BCH FL	<input type="checkbox"/>
D	KEYES, DAVID	10 FAIRWAY DR	SANTA ROSA BCH FL	<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	Change	Addition
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP	<input checked="" type="checkbox"/>	<input type="checkbox"/>

14. I do 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 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.

CR2E037 (9/96)