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Apr 09 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N93000000489 (5)**

1. Corporation Name

SOUTH WALTON MINISTERIAL ASSOCIATION, INC.



Principal Place of Business 10 FAIRWAY DRIVE 400 GARONE LANE SANTA ROSA BEACH FL 32459 US	Mailing Address 10 FAIRWAY DRIVE 400 GARONE LANE SANTA ROSA BEACH FL 32459 US
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3. Date Incorporated or Qualified

02/05/1993

4. FEI Number

59-3173173

Applied For
Not Applicable

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 25 Suite, Apt. #, etc. 26 City & State 27 Zip 28 Country
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**KEYES, DAVID
10 FAIRWAY DRIVE
RT. 4, 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

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	<input type="checkbox"/> DELETE
NAME	D HENDRICKS, ROBERT E
STREET ADDRESS	103 HEWITT PT RD
CITY-ST-ZIP	SANTA ROSA BEACH FL
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	D ULLRICH, DONALD
STREET ADDRESS	381 GOLFVIEW DRIVE
CITY-ST-ZIP	DESTIN FL
TITLE	<input type="checkbox"/> DELETE
NAME	DVC KIRSCH, DON
STREET ADDRESS	71 DARROW DRIVE
CITY-ST-ZIP	DESTIN FL
TITLE	<input type="checkbox"/> DELETE
NAME	DC HAMON, TOM
STREET ADDRESS	325 HAMON AVE.
CITY-ST-ZIP	SANTA ROSA BEACH FL
TITLE	<input type="checkbox"/> DELETE
NAME	D BRIGHT, CARL
STREET ADDRESS	101 LAMB DRIVE
CITY-ST-ZIP	SANTA ROSA BCH FL
TITLE	<input type="checkbox"/> DELETE
NAME	DST KEYES, DAVID
STREET ADDRESS	10 FAIRWAY DR
CITY-ST-ZIP	SANTA ROSA BCH FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	D REINKE, FRED
1.3 STREET ADDRESS	43 MOONEY RD.
1.4 CITY-ST-ZIP	FT. WALTON BEACH, FL 32547
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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 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: *David Keyes* 3/25/98 (850)267-3146

CR2E037 (10/97)