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Secretary of State

04-22-1999 90180 014 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N93000000489

1. Corporation Name

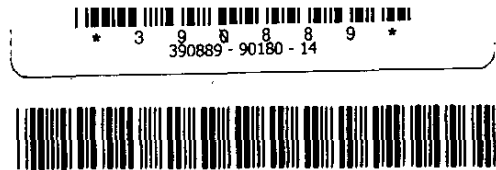
SOUTH WALTON MINISTERIAL ASSOCIATION, INC.

Principal Place of Business

10 FAIRWAY DRIVE
~~100 CARONE LANE~~
 SANTA ROSA BEACH FL 32459
 US

Mailing Address

10 FAIRWAY DRIVE
~~100 CARONE LANE~~
 SANTA ROSA BEACH FL 32459
 US



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	02/05/1993
22 City & State	27 City & State	4. FEI Number
23 Zip	28 Zip	59-3173173
24 Country	29 Country	Applied For
	30	Not Applicable
9. Name and Address of Current Registered Agent		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees
		Trust Fund Contribution

KEYES, DAVID
 10 FAIRWAY DRIVE
 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HENDRICKS, ROBERT E	1.2 NAME	Belardino, Paul
STREET ADDRESS	103 HEWITT PT RD	1.3 STREET ADDRESS	304 Hilltop Dr.
CITY-ST-ZIP	SANTA ROSA BEACH FL	1.4 CITY-ST-ZIP	Santa Rosa Beach, FL 32459
TITLE	D <input checked="" type="checkbox"/> DELETE	2.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	REINKE, FRED	2.2 NAME	Cox, Charles
STREET ADDRESS	43 MOONEY RD	2.3 STREET ADDRESS	76 Eden Dr.
CITY-ST-ZIP	FT WALTON BEACH FL 32547	2.4 CITY-ST-ZIP	Santa Rosa Beach, FL 32459
TITLE	DVC <input type="checkbox"/> DELETE	3.1 TITLE	DS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KIRSCH, DON	3.2 NAME	Lackie, Bill
STREET ADDRESS	71 DARROW DRIVE	3.3 STREET ADDRESS	110 Prophet's Pkwy
CITY-ST-ZIP	DESTIN FL	3.4 CITY-ST-ZIP	Santa Rosa Beach, FL 32459
TITLE	DC <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAMON, TOM	4.2 NAME	
STREET ADDRESS	325 HAMON AVE.	4.3 STREET ADDRESS	
CITY-ST-ZIP	SANTA ROSA BEACH FL	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRIGHT, CARL	5.2 NAME	
STREET ADDRESS	101 LAMB DRIVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	SANTA ROSA BCH FL	5.4 CITY-ST-ZIP	
TITLE	DT <input type="checkbox"/> DELETE	6.1 TITLE	DT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KEYES, DAVID	6.2 NAME	Keyes, David
STREET ADDRESS	10 FAIRWAY DR	6.3 STREET ADDRESS	10 Fairway Dr.
CITY-ST-ZIP	SANTA ROSA BCH FL	6.4 CITY-ST-ZIP	Santa Rosa Beach, FL 32459

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, with all other like empowered.

SIGNATURE:

David Keyes **DAVID KEYES** Treasurer

4/20/99

850-267-3146

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1-1/98)