

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000000489

1. Entity Name

SOUTH WALTON MINISTERIAL ASSOCIATION, INC.

FILED
May 24, 2000 8:00 am
Secretary of State

05-24-2000 90030 040 ****61.25

Principal Place of Business Mailing Address
10 FAIRWAY DRIVE 10 FAIRWAY DRIVE
100 CARONE LANE 100 CARONE LANE
SANTA ROSA BEACH FL 32459 SANTA ROSA BEACH FL 32459-3468
US US

2. Principal Place of Business 3. Mailing Address
P.O. Box 1597 P.O. Box 1597
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
~~FL~~ SANTA ROSA BEACH, FL SANTA ROSA BEACH, FL
Zip Country US Zip Country US
32459 32459

4. FEI Number 59-3173173 Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
KEYES, DAVID
10 FAIRWAY DRIVE
RT. 1, BOX 300
SANTA ROSA BEACH FL 32459

7. Name and Address of New Registered Agent
Name PAUL L. JOHNSON
Street Address (P.O. Box Number is Not Acceptable)
3892 MESA RD.
City DESTIN FL Zip Code 32541

8. 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 *Paul L. Johnson* 4/30/00
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS
TITLE D ☐ Delete
NAME HENDRICKS, ROBERT E
STREET ADDRESS 103 HEWITT PT RD
CITY-ST-ZIP SANTA ROSA BEACH FL
TITLE D ☒ Delete
NAME BELANDINO, PAUL
STREET ADDRESS 304 HILLTOP DR
CITY-ST-ZIP SANTA ROSA BEACH FL 32459
TITLE DVC ☐ Delete
NAME KIRSCH, DON
STREET ADDRESS 71 DARROW DRIVE
CITY-ST-ZIP DESTIN FL
TITLE DC ☐ Delete
NAME HAMON, TOM
STREET ADDRESS 325 HAMON AVE.
CITY-ST-ZIP SANTA ROSA BEACH FL
TITLE D ☐ Delete
NAME BRIGHT, CARL
STREET ADDRESS 101 LAMB DRIVE
CITY-ST-ZIP SANTA ROSA BCH FL
TITLE DT ☒ Delete
NAME KEYES, DAVID
STREET ADDRESS 10 FAIRWAY DR
CITY-ST-ZIP SANTA ROSA BCH FL

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10
TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE DVC ☐ Change ☒ Addition
NAME COX, CHARLES
STREET ADDRESS 76 EDEN DRIVE
CITY-ST-ZIP SANTA ROSA BEACH, FL
TITLE DC ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE ED ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE DT ☐ Change ☒ Addition
NAME JOHNSON, PAUL
STREET ADDRESS 3892 MESA RD.
CITY-ST-ZIP DESTIN, FL 32541

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Paul L. Johnson* 4-30-00 850 267-3454
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)