

# 2001 UNIFORM BUSINESS REPORT (UBR)

FILED

May 10, 2001 8:00 am  
Secretary of State

05-10-2001 90069 012 \*\*\*\*61.25

DOCUMENT # N93000000489

1. Entity Name

SOUTH WALTON MINISTERIAL ASSOCIATION, INC.

Principal Place of Business

PO BOX 1597  
SANTA ROSA BEACH FL 32459  
US

Mailing Address

PO BOX 1597  
100 CARONE LANE  
SANTA ROSA BEACH FL 32459  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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

7. Name and Address of New Registered Agent

JOHNSON, PAUL L  
3892 MESA RD  
DESTIN FL 32541

Name  
TONYA ELMORE  
Street Address (P.O. Box Number is Not Acceptable)  
1290 N. HIGHWAY #395  
City  
PT. WASHINGTON FL Zip Code  
32454

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

REV. PAUL L. JOHNSON

(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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HENDRICKS, ROBERT E 103 HEWITT PT RD SANTA ROSA BEACH FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVC COX, CHARLES 76 EDEN DR SANTA ROSA BEACH.FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC KIRSCH, DON 71 DARROW DRIVE DESTIN FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HAMON, TOM 325 HAMON AVE. SANTA ROSA BEACH FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRIGHT, CARL 101 LAMB DRIVE SANTA ROSA BCH FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT JOHNSON, PAUL 3892 MESA RD DESTIN FL 32541	<input checked="" type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del>DC</del> FLAHERTY, JAMES 33 SEAGULL CT. SANTA ROSA BEACH, FL 32459	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVC JOHNSON, PAUL 3892 MESA RD. DESTIN, FL 32541	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT ELMORE, TONYA 1290 N. HIGHWAY #395 PT. WASHINGTON, FL 32454	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KIRSCH, DON 71 DARROW DRIVE DESTIN, FL 32550	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PAUL L. JOHNSON, TREAS. - 4/27/01 850-650-6866  
Date Daytime Phone #

CR2E037 (10/00)