

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000000489

1. Entity Name

SOUTH WALTON MINISTERIAL ASSOCIATION, INC.

FILED

May 03, 2002 8:00 am  
Secretary of State

05-03-2002 90158 011 \*\*\*\*61.25

Principal Place of Business

Mailing Address

PO BOX 1597  
SANTA ROSA BEACH FL 32459  
US

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

2. Principal Place of Business

3. Mailing Address

1290 N. Highway 395  
Suite, Apt. #, etc.

P.O. Box 58  
Suite, Apt. #, etc.

City & State

City & State

Point Washington, FL

Point Washington, FL

Zip

Country

Zip

Country

32454

U.S.

32454

U.S.

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

ELMORE, TONYA  
1290 N HIGHWAY  
SUITE 395  
PT WASHINGTON FL 32454

Street Address (P.O. Box Number is Not Acceptable)

1290 N. Highway #395

City

FL

Zip Code

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

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

Rev. Tonya L. Elmore

(NOTE: Registered Agent signature required when reinstating)

4/17/02

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	DELETE	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	CHANGE	ADDITION
DC	FLAHERTY, JAMES	33 SEAGULL CT	SANTA ROSA BEACH FL 32459	<input checked="" type="checkbox"/>	DC	Johnson, Paul	3892 Mesa Rd.	Destin, FL 32541	<input checked="" type="checkbox"/>	<input type="checkbox"/>
DVC	JOHNSON, PAUL	3892 MESA RD	DESTIN FL 32541	<input type="checkbox"/>	DVC	Trumps, Jeffrey	1224 Deerwood Dr.	Santa Rosa Beach, FL 32459	<input type="checkbox"/>	<input checked="" type="checkbox"/>
DT	ELMORE, TONYA	1290 N HIGHWAY, STE 395	PT WASHINGTON FL 32454	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
D	HAMON, TOM	325 HAMON AVE.	SANTA ROSA BEACH FL	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
D	BRIGHT, CARL	101 LAMB DRIVE	SANTA ROSA BCH FL	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
D	KIRSCH, DON	71 DARROW DRIVE	DESTIN FL 32550	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/02

850-231-4928

CR2E037 (9/01)