

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 03, 2002 8:00 am**  
**Secretary of State**

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

**DOCUMENT # N93000000489**

1. Entity Name

**SOUTH WALTON MINISTERIAL ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

PO BOX 1597  
 SANTA ROSA BEACH FL 32459  
 US

PO BOX 1597  
 100 GARONE 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  
 Point Washington, FL

City & State  
 Point Washington, FL

4. FEI Number  
**59-3173173**

Applied For  
 Not Applicable

Zip Country  
 32454 U.S.

Zip Country  
 32454 U.S.

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC Johnson, Paul 3892 Mesa Rd. Destin, FL 32541	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVC Trumps, Jeffrey 1224 Deerwood Dr. Santa Rosa Beach, FL 32459	<input type="checkbox"/> Change <input checked="" 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
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: Tonya L. Elmore 4/17/02 850-231-4928  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)