

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

**CORPORATION  
ANNUAL REPORT  
1995**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS**

**95 APR -3 PM 6:06**

**DOCUMENT # N93000003048 (6)**

1. Corporation Name

**THE COMMUNITY CHURCH OF SANTA ROSA BEACH, INC.**

Principal Place of Business

Mailing Address

**CORNER OF HIGHWAY 98 AND CHURCH ST  
SANTA ROSA BCH. FL 32459**

**POST OFFICE BOX 1723  
SANTA ROSA BCH. FL 32459**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **07/08/1993** 3a. Date of Last Report **05/01/1994**

4. FEI Number **59-1892441** Applied For  Not Applicable

2. Principal Place of Business

2a. Mailing Address

5. Certificate of Status Desired  **\$0.75 Additional Fee Required**

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

22 City & State

27 City & State

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status  **\$68.75 Supplemental Fee Not Required**

23 Zip

Country

28 Zip

Country

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

24

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29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**WILLIS, NANCY J  
110 HILLTOP DR  
SANTA ROSA BCH. 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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE *Nancy Jo Willis* **Nancy Jo Willis** **3-19-95**  
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**  
NAME **WOCHOMURKA, CHARLES**  
STREET ADDRESS **23 SANDESTIN EST**  
CITY - ST - ZIP **DESTIN FL**

TITLE **D**  
NAME **PASCHER, BEFFY**  
STREET ADDRESS **RT 2, BOX 274**  
CITY - ST - ZIP **FREESPORT FL 32439**

TITLE **D**  
NAME **SLOAN, ANITA J**  
STREET ADDRESS **110 HILLTOP DR**  
CITY - ST - ZIP **SANTA ROSA BCH. FL**

TITLE **D**  
NAME **BROWN, SHELBY**  
STREET ADDRESS **3018 BAY VILLA DR**  
CITY - ST - ZIP **DESTIN FL**

TITLE **D**  
NAME **STREICHER, ROBERT E**  
STREET ADDRESS **POST OFFICE BOX 4870 - HHA**  
CITY - ST - ZIP **SANTA ROSA BCH. FL 32459**

TITLE **DC**  
NAME **WILLIS, NANCY J**  
STREET ADDRESS **110 HILLTOP DR**  
CITY - ST - ZIP **SANTA ROSA BCH. FL**

1.1 TITLE  Change  Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY - ST - ZIP

2.1 TITLE  Change  Addition  
2.2 NAME **AL DOWNS**  
2.3 STREET ADDRESS **100 LORAL ROAD**  
2.4 CITY - ST - ZIP **SANTA ROSA BEACH, FL. 32459**

3.1 TITLE  Change  Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY - ST - ZIP

4.1 TITLE  Change  Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY - ST - ZIP

5.1 TITLE  Change  Addition  
5.2 NAME **MARY V. CLARKE**  
5.3 STREET ADDRESS **40 LAKE KATHERINE DRIVE**  
5.4 CITY - ST - ZIP **SANTA ROSA BEACH, FL. 32459**

6.1 TITLE  Change  Addition  
6.2 NAME **CAROLYN L VTHAM**  
6.3 STREET ADDRESS **219 HIGHLAND AVE.**  
6.4 CITY - ST - ZIP **SANTA ROSA BEACH, FL. 32459**

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Charles Wochomurka* **Charles Wochomurka, Chairman Bd of Deacons (904) 837-6950**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE (Month/Year)

N93000003048

ATTACHEMENT TO 1995 CORPORTION ANNUAL REPORT (FLORIDA)

FOR: THE COMMUNITY HCRUH OF SANTA ROSA BEACH, INC.  
DOCUMENT # N93000003048 (6)  
FEI # 59-1892441

12. Additional Deacons to be listed:

Bennie Beach  
3900 Allen Loop Road  
Santa Rosa Beach, Fl. 32459

Milton J. Harper  
311 L'Atrium  
Destin, Fl. 32541

Twila Wittrig  
727 Sandestin  
Destin, Fl. 32541