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Feb 19 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N93000003048 (6)
 1. Corporation Name
THE COMMUNITY CHURCH OF SANTA ROSA BEACH, INC.



Principal Place of Business CORNER OF HIGHWAY 98 AND CHURCH ST SANTA ROSA BCH. FL 32459	Mailing Address POST OFFICE BOX 1723 SANTA ROSA BCH. FL 32459
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3. Date Incorporated or Qualified 07/08/1993	
4. FEI Number 59-1892441	Applied For <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29
25	30

5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30, 1998 <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

**WILLIS, NANCY J
110 HILLTOP DR
SANTA ROSA BCH. FL 32459**

10. Name and Address of New Registered Agent

61 Name
62 Street Address (P.O. Box Number is Not Acceptable)
63
64 City
65 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: *Nancy Willis* DATE: **2-15-98**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	LEHMKUHL, DON	
STREET ADDRESS	71 FAIRWAY DRIVE	
CITY-ST-ZIP	SANTA ROSA FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	DOWNES, AL	
STREET ADDRESS	100 LORAL ROAD	
CITY-ST-ZIP	SANTA ROSA BEACH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	IRWIN, ALISE	
STREET ADDRESS	536 RICKER AVENUE	
CITY-ST-ZIP	SANTA ROSA BEACH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	DEES, ART	
STREET ADDRESS	215 LAKEVIEW DR	
CITY-ST-ZIP	DEFUNIAK SPRINGS FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	EARLES, CHARLES	
STREET ADDRESS	3218 BAY ESTATES DR	
CITY-ST-ZIP	DESTIN FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	LATHAM, CAROLYN	
STREET ADDRESS	219 HIGHLAND AVE	
CITY-ST-ZIP	SANTA ROSA BCH FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	D LARRY DRAPER
2.3 STREET ADDRESS	1154 TROON DR. N.
2.4 CITY-ST-ZIP	DESTIN, FL 32541
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	D LADONNA WRIGHT
6.3 STREET ADDRESS	8826 ST. ANDREWS DR.
6.4 CITY-ST-ZIP	DESTIN, FL 32541

14. 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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Don Lehmkuhl* **Don Lehmkuhl Chairman Bd of Deacons (850) 267-2599**

CR2E037 (10/97)

• . ATTACHMENT TO 1998 CORPORATION ANNUAL REPORT (FLORIDA)

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

Additional Deacons to be listed:

Pearl Beach
3900 Allen Loop Road
Santa Rosa Beach, FL 32459

Bob Worlund
1624 Mack Bayou Road
Santa Rosa Beach, FL 32459

Carl Hall
20 Players Club
Destin, FL 32541