

2001 UNIFORM BUSINESS REPORT (UBR)

4/30/

FILED
May 18, 2001 8:00 am
Secretary of State

04-30-2001 90110 001 ****61.25

DOCUMENT # N93000003048

1. Entity 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

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

59-1892441

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name *(same)*

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

377 Ridge Road

City Santa Rosa Beach

FL

Zip Code *32459*

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 *Nancy J Willis*

Nancy Jo Willis

4-25-01

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

(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

TITLE	D <input type="checkbox"/> Delete
NAME	DRAPER, LARRY
STREET ADDRESS	1154 TROON DR. N.
CITY-ST-ZIP	DESTIN FL 32541
TITLE	D <input type="checkbox"/> Delete
NAME	WILLIS, NANCY JO
STREET ADDRESS	110 HILL TOP DR
CITY-ST-ZIP	SANTA ROSA BEACH FL
TITLE	D <input type="checkbox"/> Delete
NAME	DEES, ART
STREET ADDRESS	215 LAKEVIEW DR
CITY-ST-ZIP	DEPUKIAK 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 type="checkbox"/> Delete
NAME	WRIGHT, LADONNA
STREET ADDRESS	8826 ST. ANDREWS DR.
CITY-ST-ZIP	DESTIN FL 32541
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	Chairman, Board of Deacons <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Montague, Montie
STREET ADDRESS	497 Linkside Dr.
CITY-ST-ZIP	Destin, FL 32550
TITLE	V. Chair-Bd. of Deacons <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	More, Jackie
STREET ADDRESS	371 Bay Circle Dr.
CITY-ST-ZIP	Santa Rosa Beach, FL 32459
TITLE	Deacon - Finance <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Draper, Larry
STREET ADDRESS	1154 Troon Drive. N/
CITY-ST-ZIP	Destin, FL 32550
TITLE	Deacon-Music & Congregation <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Willis, Nancy Jo <i>Same</i>
STREET ADDRESS	377 Ridge Road
CITY-ST-ZIP	Santa Rosa Beach, FL 32459
TITLE	Deacon - Fellowship <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Cummins, Nancy <i>Same</i>
STREET ADDRESS	30 Somerset Bridge Rd.
CITY-ST-ZIP	Santa Rosa Beach, FL 32459
TITLE	Deacon-Bldg. Maintenance <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Riley, Fred
STREET ADDRESS	400 N. Holiday Road
CITY-ST-ZIP	Destin, FL 32550

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: *Montie Montague* **MONTIE MONTAGUE** *4/25/01* **850-654-4359**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)



DO NOT WRITE IN THIS SPACE