

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 20, 2002 8:00 am**  
**Secretary of State**

05-20-2002 90012 015 \*\*\*\*61.25

**DOCUMENT # N93000003048**

1. Entity Name  
**THE COMMUNITY CHURCH OF SANTA ROSA BEACH, INC.**

Principal Place of Business <b>CORNER OF HIGHWAY 98 AND CHURCH ST          SANTA ROSA BCH. FL 32459</b>	Mailing Address <b>POST OFFICE BOX 1723          SANTA ROSA BCH. FL 32459</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number <b>59-1892441</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**WILLIS, NANCY J  
 377 RIDGE RD  
 SANTA ROSA BCH. FL 32459**

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 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 *Nancy Jo Willis* DATE **4/26/02**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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 <b>DC</b>	<input type="checkbox"/> Delete
NAME <b>DRAPER, LARRY</b>	
STREET ADDRESS <b>1154 TROON DR. N.</b>	
CITY-ST-ZIP <b>DESTIN FL 32541</b>	
TITLE <b>DMC</b>	<input type="checkbox"/> Delete
NAME <b>WILLIS, NANCY JO</b>	
STREET ADDRESS <b>377 RIDGE ROAD</b>	
CITY-ST-ZIP <b>SANTA ROSA BEACH FL 32459</b>	
TITLE <b>CBD</b>	<input type="checkbox"/> Delete
NAME <b>MONTAGUE, MONTIE</b>	
STREET ADDRESS <b>497 LINKSIDE DR</b>	
CITY-ST-ZIP <b>DESTIN FL 32550</b>	
TITLE <b>VCBD</b>	<input type="checkbox"/> Delete
NAME <b>MOORE, JACKIE</b>	
STREET ADDRESS <b>371 BAY CIRCLE DR</b>	
CITY-ST-ZIP <b>SANTA ROSA BEACH FL 32459</b>	
TITLE <b>DF</b>	<input type="checkbox"/> Delete
NAME <b>CUMMINS, NANCY</b>	
STREET ADDRESS <b>30 SOMERSET BRIDGE RD</b>	
CITY-ST-ZIP <b>SANTA ROSA BEACH FL 32459</b>	
TITLE <b>DBM</b>	<input type="checkbox"/> Delete
NAME <b>RILEY, FRED</b>	
STREET ADDRESS <b>400 N. HOLIDAY RD</b>	
CITY-ST-ZIP <b>DESTIN FL 32550</b>	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE <b>Chairman, Board of Deacons</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>Moore, Jackie</b>	
STREET ADDRESS <b>371 Bay Circle Drive</b>	
CITY-ST-ZIP <b>Santa Rosa Beach, FL 32459</b>	
TITLE <b>Vice Chairman, Bd. Of Deacons</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>Fred Riley</b>	
STREET ADDRESS <b>400 N. Holiday Road</b>	
CITY-ST-ZIP <b>Destin, FL 32550</b>	
TITLE <b>Deacon-Building Maintenance</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>Pinkston, E. Brown</b>	
STREET ADDRESS <b>20 Masters Court</b>	
CITY-ST-ZIP <b>Santa Rosa Beach, FL 32459</b>	
TITLE <b>Deacon-Music &amp; Human Resources</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>Willis, Nancy Jo</b>	
STREET ADDRESS <b>377 Ridge Road</b>	
CITY-ST-ZIP <b>Santa Rosa Beach, FL 32459</b>	
TITLE <b>Deacon, Christian Education</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>Hardy, Michael</b>	
STREET ADDRESS <b>3107 Merion</b>	
CITY-ST-ZIP <b>Destin, FL 32550</b>	
TITLE <b>Deacon-Christian Education</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>McGinnis, Doug</b>	
STREET ADDRESS <b>45 Gulf Dunes</b>	
CITY-ST-ZIP <b>Santa Rosa Beach, FL 32459</b>	

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]* **SIGNATURE REQUIRED** Chairman-Board of Deacons. 4/26/02  
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (9/01)

Attachment Doc# N093000003648

DOT WIETERS 1765 W HEWETT SRB 622-0226 OUTREACH &  
CONGREGATIONAL CARE

792337

MORRIS (MO) DAVIS 3153 CLUB DR., DESTIN 267-2609 FINANCE &  
WORSHIP

JO ANN MONTAGUE 497 LIKESIDE DR., DESTIN 654-4359 FELLOWSHIP

THE ABOVE ARE NEW DEACONS (AND THEIR RESPONSIBILITIES) THAT HAVE BEEN  
ADDED SINCE LAST YEAR'S REPORTING.