2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

Apr 28, 2005 8:00 am **DOCUMENT # N93000003048** Secretary of State THE COMMUNITY CHURCH OF SANTA ROSA BEACH, 04-28-2005 90153 005 ****70.00 INC Mailing Address Principal Place of Business POST OFFICE BOX 1723 CORNER OF HIGHWAY 98 AND CHURCH ST SANTA ROSA BCH., FL 32459 SANTA ROSA BCH., FL 32459 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. 01042005 Cha-NP CR2E037 (10/03) 4. FEI Number Applied For City & State City & State 59-1892441 Not Applicable Country \$8.75 Additional 7in Country Zip 5. Certificate of Status Desired Fee Required 8. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name WILLIS, NANCY J Street Address (P.O. Box Number is Not Acceptable) 377 RIDGE RD SANTA ROSA BCH., FL 32459 City 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Nancy Jo Willis, Church Adm. Signature, lymed or printed name of redistered event and title if applicable 9. Election Campaign Financing Make check payable to Filing Fee is \$61.25 \$5.00 May Be Trust Fund Contribution. Florida Department of State Due by May 1, 2005 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. XIX Delete TITLE CBD TITLE Deacon of Fellowship ☐ Change XX Addition WILLIS, NANCY J NAME NAME Latham, Carolyn **377 RIDGE ROAD** STREET ADDRESS STREET ADDRESS 219 Highland Avenue CITY-ST-ZIP SANTA ROSA BEACH, FL 32459 CITY-ST-ZIP Santa Rosa Beach, FL 32459 **VCBD** Chairman, Bd of Deacons Debte TITLE TITLE Deacon of Finance Change XX Addition LYSINGER, REX Kunkel, Patti 3238 Bay Estates Dr. NAME NAME 3276 BURNT PINE CIRCLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP DESTIN, FL 32550 CITY-ST-7IP Miramar Beach, FL 32550 Deacon of Worship TITLE DF Deacon of Lg Range Plan. □ Delete TITLE ☐ Change XX Addition Azzarello, Lee **BLANTON, KENNETH** NAME NAME 912 Shore Drive STREET ADDRESS **407 BOTANY BOULEVARD** STREET ADDRESS SANTA ROSA BEACH, FL 32459 CITY-ST-7IP Miramar Beach, FL 32550 CITY-ST-7IP Deacon of Human Resources Change XX Addition DBG ☐ Delete TITLE TITLE DAVIS, MORRIS A Blunt, Ann NAME NAME 1238 Deerwood Drive STREET ADDRESS 3153 CLUB DRIVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DESTIN, FL 32550 Miramar Beach, FL 32550 ☐ Delete ☐ Change XX Addition TITLE DO TILE Deacon of Christian Educ. NAME THARPE, RAY NAME McGinnis, Doug STREET ADDRESS PO BOX 2216 STREET ADDRESS 45 Gulf Dunes CITY-ST-ZIP SANTA ROSA BEACH, FL 32459 CITY-ST-ZIP Santa Rosa Beach, FL 32459 XIXI Delete TITLE TILE ☐ Change ☐ Addition NAME WIETERS, DOROTHY NAME 8809 ST. ANDREWS DR. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

Vice-Chairman of Board

Morris A. Davis

changed, or on an attachment with an address, with all other like empowered.

၈ (

RE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

Daytime Phone #