


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 01, 2006 8:00 am**  
**Secretary of State**

05-01-2006 90414 050 \*\*\*\*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**

40076425



2. Principal Place of Business  
**3524 U.S. Hwy. 98 W.**

3. Mailing Address  
 Suite, Apt. #, etc.

04272006 Chg-NP CR2E037 (4/06)

City & State  
**Santa Rosa Beach, FL**

City & State

Zip  
**32459**

Country  
**USA**

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  
 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Nancy J Willis* **Nancy Jo Willis**  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) **Church Administrator**

DATE **4-27-06**

**Filing Fee is \$61.25  
 Due by May 1, 2006**

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

**Make check payable to Florida Department of State**

10. OFFICERS AND DIRECTORS

|                |                            |                                            |
|----------------|----------------------------|--------------------------------------------|
| TITLE          | DOF                        | <input checked="" type="checkbox"/> Delete |
| NAME           | LATHAM, CAROLYN            |                                            |
| STREET ADDRESS | 219 HIGHLAND AVE           |                                            |
| CITY-ST-ZIP    | SANTA ROSA BEACH, FL 32459 |                                            |
| TITLE          | VCBD                       | <input type="checkbox"/> Delete            |
| NAME           | LYSINGER, REX              |                                            |
| STREET ADDRESS | 3276 BURNT PINE CIRCLE     |                                            |
| CITY-ST-ZIP    | DESTIN, FL 32550           |                                            |
| TITLE          | DF                         | <input type="checkbox"/> Delete            |
| NAME           | BLANTON, KENNETH           |                                            |
| STREET ADDRESS | 407 BOTANY BOULEVARD       |                                            |
| CITY-ST-ZIP    | SANTA ROSA BEACH, FL 32459 |                                            |
| TITLE          | DBG                        | <input type="checkbox"/> Delete            |
| NAME           | DAVIS, MORRIS A            |                                            |
| STREET ADDRESS | 3153 CLUB DRIVE            |                                            |
| CITY-ST-ZIP    | DESTIN, FL 32550           |                                            |
| TITLE          | DO                         | <input checked="" type="checkbox"/> Delete |
| NAME           | THARPE, RAY                |                                            |
| STREET ADDRESS | PO BOX 2216                |                                            |
| CITY-ST-ZIP    | SANTA ROSA BEACH, FL 32459 |                                            |
| TITLE          | DOF                        | <input type="checkbox"/> Delete            |
| NAME           | KUNKEL, PATTI              |                                            |
| STREET ADDRESS | 3238 BAY ESTATES DR        |                                            |
| CITY-ST-ZIP    | MIRAMAR BEACH, FL 32550    |                                            |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

|                |                               |                                                                              |
|----------------|-------------------------------|------------------------------------------------------------------------------|
| TITLE          | Deacon of Fellowship          | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | Dickson, Carol                |                                                                              |
| STREET ADDRESS | 45 Tradewinds Dr.             |                                                                              |
| CITY-ST-ZIP    | Santa Rosa Beach, FL 32459    |                                                                              |
| TITLE          | Deacon of Outreach + Missions | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | Hall, Susan                   |                                                                              |
| STREET ADDRESS | 498 Regatta Bay Blvd.         |                                                                              |
| CITY-ST-ZIP    | Destin FL 32541               |                                                                              |
| TITLE          | Deacon of Worship + Music     | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | Azzarello, Lee                |                                                                              |
| STREET ADDRESS | 912 Shore Drive               |                                                                              |
| CITY-ST-ZIP    | Miramar Beach, FL 32550       |                                                                              |
| TITLE          | Deacon of H.R.                | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | Blunt, Ann                    |                                                                              |
| STREET ADDRESS | 1238 Deerwood Dr.             |                                                                              |
| CITY-ST-ZIP    | Miramar Beach, FL 32550       |                                                                              |
| TITLE          | Deacon of Christian Ed.       | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | McGinnis, C. Doug             |                                                                              |
| STREET ADDRESS | 45 Gulf Dunes                 |                                                                              |
| CITY-ST-ZIP    | Santa Rosa Beach, FL 32459    |                                                                              |
| TITLE          | Treasurer                     | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | Lloyd, Ken                    |                                                                              |
| STREET ADDRESS | 3276 Burnt Pine Lane          |                                                                              |
| CITY-ST-ZIP    | Miramar Beach, FL 32550       |                                                                              |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *Ken Lloyd* **KEN LLOYD, TREASURER** 4/27/06 850-267-2599

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #