

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jun 10, 2003 8:00 am**  
**Secretary of State**

4/31

04-30-2003 90039 036 \*\*\*\*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

4. FEI Number **59-1892441**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75 Additional  
Fee Required**

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WILLIS, NANCY J  
377 RIDGE RD  
SANTA ROSA BCH. FL 32459**

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*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

*4/28/03*

**FILE NOW: FEE IS \$61.25**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

~~TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MOORE, JACKIE  
371 BAY CIR. DR.  
SANTA ROSA BEACH FL 32459**~~

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**Chairman, Board of Deacons  
Morris Davis  
3153 Club Drive  
Destin, FL 32550**

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DMFR  
WILLIS, NANCY JO  
377 RIDGE ROAD  
SANTA ROSA BEACH FL 32459**

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**Vice Chairman-Bd. of Deacons  
Dot Wieters  
1765 W. Hewett  
Santa Rosa Beach, FL 32459**

~~TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VCBD  
RILEY, FRED  
400 N. HOLIDAY RD  
DESTIN FL 32550**~~

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**Deacon-Worship  
Jackie Moore  
371 Bay Circle Drive  
Santa Rosa Beach, FL 32459**

~~TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DBM  
BROWN, PINKSTON E  
20 MASTERS CT.  
SANTA ROSA BEACH FL 32459**~~

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**Deacon-Finance  
Ray Tharpe  
P. O. Box 2216  
Santa Rosa Beach, FL 32459**

~~TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DCE  
HARDY, MICHAEL  
3107 MERION  
DESTIN FL 32550**~~

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**Deacon-Fellowship  
JoAnn Montague  
497-Linkside-Dr.  
Destin, FL 32550**

~~TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DBM  
RILEY, FRED  
400 N. HOLIDAY RD  
DESTIN FL 32550**~~

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**Deacon-Christian Education  
Douglas McGinnis  
45 Gulf Dunes  
Santa Rosa Beach, FL 32459**

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: *La Donna Wright, Treas.*

*4/10/03*

*(850) 267-2599*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/02)