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Jan 31 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N93000003257 (3)**

1. Corporation Name

FAMILY CHRISTIAN FELLOWSHIP OF DESTIN, INC.



Principal Place of Business

Mailing Address

**3871 INDIAN TRAIL
3C
DESTIN FL 32541
US**

**P.O. BOX 1549
DESTIN FL 32540-1549
US**

3. Date Incorporated or Qualified
07/14/1993

3a. Date of Last Report
01/29/1996

2. Principal Place of Business

2a. Mailing Address

21 1000 Airport Rd DESTIN FL 32541

26

4. FEI Number

59-3198736

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

5. Certificate of Status Desired ☒

**\$8.75 Additional
Fee Required**

City & State

City & State

23 Destin FL

28

6. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

Zip

Country

Zip

Country

24 32541

25 FL

29

30

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**TROULLOS, PHILLIP R
3871 INDIAN TRAIL
UNIT 3C
DESTIN FL 32541**

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE Phillip R. Troullos

Phillip R. Troullos

January 23-97

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ☐ Change ☐ Addition

TITLE **D**
NAME **TROULLOS, PHILLIP R**
STREET ADDRESS **3871 INDIAN TRAIL UNIT 3C**
CITY-ST-ZIP **DESTIN FL**

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE **D**
NAME **MCCABE, WILLIAM**
STREET ADDRESS **94 TARPON ST**
CITY-ST-ZIP **DESTIN FL**

2.1 TITLE **Director**
2.2 NAME **Keith Hendrie Th.D**
2.3 STREET ADDRESS **7541 OAKMOUNT**
2.4 CITY-ST-ZIP **BATON ROUGE, LA. 70817**

TITLE **D**
NAME **GRIMES, GUY C**
STREET ADDRESS **3337 DOYLE HAWKINS ROAD**
CITY-ST-ZIP **NAVARRE FL**

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE **D**
NAME **ROSSIER, BERNARD**
STREET ADDRESS **5260 BLUE BONNET RD**
CITY-ST-ZIP **BATON ROUGE LA 70809**

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Phillip R. Troullos January 23, 1997 (904) 837-0999
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0073594

CR2E037 (9/96)