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FILED  
Jan 23 1998 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1998



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

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 32541-1549  
US**

3. Date Incorporated or Qualified

**07/14/1993**

4. FEI Number

**59-3198736**

Applied For  
Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.  
22 City & State  
23 Zip  
24 Country  
25  
26 Suite, Apt. #, etc.  
27 City & State  
28 Zip  
29 Country  
30

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

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

7. Is this nonprofit corporation a homeowners association?  
☐ Yes ☒ No

8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. ☐ 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*

(NOTE: Registered Agent signature required when reinstating)

**1-12-98**

DATE

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

TITLE ☐ DELETE  
NAME **D HENDRIE, THID K**  
STREET ADDRESS **7541 OAKMONT**  
CITY-ST-ZIP **BATON ROUGE LA**

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

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

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

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

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

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

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

14. 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 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*

**1-12-98**

**(850) 837-2522**

CR2E037 (10/97)