

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000003257

1. Entity Name

FAMILY CHRISTIAN FELLOWSHIP OF DESTIN, INC.

Principal Place of Business

1000 AIRPORT RD
DESTIN FL 32541
US

Mailing Address

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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.

SIGNATURE Phillip R. Troullos

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

Philip R. Troullos

(NOTE: Registered Agent signature required when reinstating)

1-4-2000

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Phillip R. Troullos
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

January 4, 2000
Date

(850) 637-0999
Daytime Phone #

FILED
Jan 12, 2000 8:00 am
Secretary of State

01-12-2000 90081 026 ****70.00



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3198736** Applied For ☐ Not Applicable ☐

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

CR2E037 (9/99)