

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 32541-1549
US

2. Principal Place of Business

814 FOREST ST.

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 1549

Suite, Apt. #, etc.

City & State

Destin, FL

Zip

32541

Country

USA

City & State

Destin, FL

Zip

32540-1549

Country

USA

4. FEI Number

59-3198736

Applied For

Not Applicable

5. Certificate of Status Desired

#

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

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.

SIGNATURE

Phillip R. Troullos

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

(NOTE: Registered Agent signature required when reinstating)

DATE

JANUARY 4, 2001

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

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

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

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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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, 2001 (850) 837-8933

Date

Daytime Phone #

FILED
Jan 09, 2001 8:00 am
Secretary of State

01-09-2001 90022 044 ****70.00



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)