

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

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

City & State

Destin, FL

Zip

32541

Country

USA

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

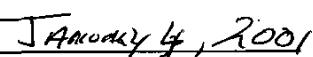
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE


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.

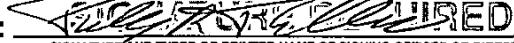
OFFICERS AND DIRECTORS

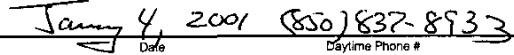
11.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TROULLOS, PHILLIP R		NAME	
STREET ADDRESS	3871 INDIAN TRAIL UNIT 3C		STREET ADDRESS	
CITY-ST-ZIP	DESTIN FL		CITY-ST-ZIP	
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HENDRIE, THID K		NAME	
STREET ADDRESS	7541 OAKMONT		STREET ADDRESS	
CITY-ST-ZIP	BATON ROUGE LA		CITY-ST-ZIP	
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRIMES, GUY C		NAME	
STREET ADDRESS	3337 DOYLE HAWKINS ROAD		STREET ADDRESS	
CITY-ST-ZIP	NAVARRE FL		CITY-ST-ZIP	
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROSSIER, BERNARD		NAME	
STREET ADDRESS	5260 BLUE BONNET RD		STREET ADDRESS	
CITY-ST-ZIP	BATON ROUGHE LA 70809		CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			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: 
SIGNED AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR


Date: January 4, 2001 Daytime Phone # (850) 832-8933

CR2E037 (10/00)