

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 24, 2002 8:00 am**  
**Secretary of State**

03-24-2002 90081 032 \*\*\*\*\*70.00

**DOCUMENT # N93000003257**

1. Entity Name

**FAMILY CHRISTIAN FELLOWSHIP OF DESTIN, INC.**

Principal Place of Business

Mailing Address

~~1000 AIRPORT RD~~  
**DESTIN FL 32541**  
**US**

**P.O. BOX 1549**  
**DESTIN FL 32541-1549**  
**US**

2. Principal Place of Business

**814 FOREST ST**

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**DESTIN FL**

City & State

4. FEI Number

**59-3198736**

Applied For

Not Applicable

Zip

**32541**

Country

**USA**

Zip

Country

5. Certificate of Status Desired

☒

**\$8.75 Additional**

**Fee Required**

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.

(NOTE: Registered Agent signature required when reinstating)

*MARCH 11, 2002*

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

TITLE **CHAIRMAN OF BOARD** ☒ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE **DIRECTOR** ☐ Change ☒ Addition  
 NAME **FRANK SCHWARTZ**  
 STREET ADDRESS **302 MOONLIGHT BAY DRIVE**  
 CITY-ST-ZIP **PANAMA CITY BEACH FL 32407**

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

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

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

TITLE **DIRECTOR** ☐ Change ☒ Addition  
 NAME **FRANK SAUNDERS**  
 STREET ADDRESS **5744 FAUCON DR**  
 CITY-ST-ZIP **MILTON, FL 32570**

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* **RECEIVED** *Phillip R Troullos* **MARCH 11, 2002** **(850) 837-0999**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)