2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 27, 2005 08:00 AM
Secretary of State

DOCUMENT # N93000003257

1. Entity Name
FAMILY CHRISTIAN FELLOWSHIP OF DESTIN, INC.

Principal Place of Business	Mailing Address
814 FOREST STREET DESTIN, FL 32541 US	P.O. BOX 1549 DESTIN, FL 32541-1549 US

01202005 No Chg-NP CR2E037 (10/03)

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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

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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2005

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

000000201249
01/28/05-80055-024 70.00

10. OFFICERS AND DIRECTORS

TITLE	COB
NAME	TROULLOS, PHILLIP R
STREET ADDRESS	3871 INDIAN TRAIL UNIT 3C
CITY-ST-ZIP	DESTIN, FL
TITLE	D
NAME	SCHWANT, FRANK
STREET ADDRESS	302 MOONLIGHT BAY DRIVE
CITY-ST-ZIP	PANAMA CITY BEACH, FL 32407
TITLE	D
NAME	GRIMES, GUY C
STREET ADDRESS	3337 DOYLE HAWKINS ROAD
CITY-ST-ZIP	NAVARRE, FL
TITLE	D
NAME	SAUNDERS, FRANK
STREET ADDRESS	5744 FALCON DR
CITY-ST-ZIP	MILTON, FL 32570
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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 Phillip R. Troullos 1/26/05 850 837 0999
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #