


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

Jan 09, 2006 08:00 AM
Secretary of State

DOCUMENT # N93000003257	
1. Entity Name FAMILY CHRISTIAN FELLOWSHIP OF DESTIN, INC.	

Principal Place of Business 814 FOREST STREET DESTIN, FL 32541 US	Mailing Address P.O. BOX 1549 DESTIN, FL 32541-1549 US
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01052006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3198736	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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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**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$61.25
Due by May 1, 2006**

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

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

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01/11/06-80007-022 70.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 1/6/06 (850) 832-0999
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #