

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000003257

FILED  
Jan 30, 2009  
Secretary of State

**Entity Name:** FAMILY CHRISTIAN FELLOWSHIP OF DESTIN, INC.

**Current Principal Place of Business:**

3871 INDIAN TRAIL  
3C  
DESTIN, FL 32541 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 1549  
DESTIN, FL 325401549 US

**New Mailing Address:**

**FEI Number:** 59-3198736

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: COB ( ) Delete  
Name: TROULLOS, PHILLIP R  
Address: 3871 INDIAN TRAIL UNIT 3C  
City-St-Zip: DESTIN, FL

Title: D ( ) Delete  
Name: SCHWANT, FRANK  
Address: 302 MOONLIGHT BAY DRIVE  
City-St-Zip: PANAMA CITY BEACH, FL 32407

Title: D ( ) Delete  
Name: GRIMES, GUY C  
Address: 3337 DOYLE HAWKINS ROAD  
City-St-Zip: NAVARRE, FL

Title: D ( ) Delete  
Name: SAUNDERS, FRANK  
Address: 5744 FALCON DR  
City-St-Zip: MILTON, FL 32570

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PHILLIP R. TROULLOS

COB

01/30/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date