

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **N93000003257**

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



**FILED
Jan 13, 2003 8:00 am
Secretary of State**

01-13-2003 90683 029 ****70.00

Principal Place of Business

**814 FOREST STREET
DESTIN FL 32541
US**

Mailing Address

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3198736**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75 Additional
Fee Required**

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

CR2E037 (10/02)

**COB
TROULLOS, PHILLIP R
3871 INDIAN TRAIL UNIT 3C
DESTIN FL**

Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

Change

Addition

**D
SCHWANT, FRANK
302 MOONLIGHT BAY DRIVE
PANAMA CITY BEACH FL 32407**

Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

Change

Addition

**D
GRIMES, GUY C
3337 DOYLE HAWKINS ROAD
NAVARRE FL**

Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

Change

Addition

**D
SAUNDERS, FRANK
5744 FALCON DR
MILTON FL 32570**

Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

Change

Addition

Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

Change

Addition

Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

Change

Addition

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

January 10, 2003 (850)837-0899

Daytime Phone #