

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 21, 2006 8:00 am
Secretary of State

03-21-2006 90016 027 ****61.25

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1. Entity Name

SOUTH WALTON FIRST BAPTIST CHURCH, INC.



Principal Place of Business

24388 US HWY 331 SOUTH
SANTA ROSA BEACH FL 32459

Mailing Address

P.O. BOX 1709
SANTA ROSA BEACH FL 32459

2. Principal Place of Business

Same
Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/05)

4. FEI Number

59-3417697

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

JOHNSON, JACQUELINE
419 PITTS BAYSHORE DR
FREEPORT FL 32439

7. Name and Address of New Registered Agent

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 terminating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2006

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

TITLE D ☐ Delete
NAME BISHOP, VERNON
STREET ADDRESS 714 BISHOP TALBOT RD.
CITY-ST-ZIP SANTA ROSA BEACH FL 32459

TITLE D ☒ Delete
NAME HOLCOMB, TOM
STREET ADDRESS POST OFFICE BOX 1304
CITY-ST-ZIP SANTA ROSA BEACH FL 32459

TITLE D ☐ Delete
NAME JOHNSON, DAVID
STREET ADDRESS 419 PITTS BAYSHORE DR
CITY-ST-ZIP FREEPORT FL 32439

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

TITLE ☐ Change ☒ Addition
NAME D RHEAMS SCOTT
STREET ADDRESS 363 J.D. Miller Road.
CITY-ST-ZIP SANTA ROSA BEACH FL 32459

TITLE ☐ Change ☐ Addition
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 exemptions contained in Section 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: *Robert Lee Reed* Treasurer 3/5/06 850.267.3724