

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

FILED
Feb 04, 2003 8:00 am
Secretary of State

02-04-2003 90076 013 ****61.25

DOCUMENT # N97000001336

1. Entity Name
SOUTH WALTON BAPTIST CHURCH, INC.



Principal Place of Business
**24295 U.S. HWY. 331 SOUTH
SANTA ROSA BEACH FL 32459**

Mailing Address
**POST OFFICE BOX 1709
SANTA ROSA BEACH FL 32459**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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

7. Name and Address of New Registered Agent

**HOLCOMB, HELEN
75 LEISURE LANE
SANTA ROSA BEACH FL 32459**

Name **JACQUELINE JOHNSON**

Street Address (P.O. Box Number is Not Acceptable)

419 Pitts Bayshore Drive

City

Freeport

FL

Zip Code

32439

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

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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☐ Change ☐ Addition

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
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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)(l), 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: **Vernon Bishop**

2-3-03

850.267-2459

CR2E037 (10/02)