

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 16, 2002 8:00 am
Secretary of State

09-16-2002 90103 030 ****96.25

DOCUMENT # N98000001980

1. Entity Name

NEW TESTAMENT COMMUNITY FELLOWSHIP OF WALTON COUNTY, INC.

Principal Place of Business

Mailing Address

**262 N. 9TH STREET
 DEFUNIAK SPRINGS FL 32433**

**262 N. 9TH STREET
 DEFUNIAK SPRINGS FL 32433**

980761



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Same as above

3. Mailing Address

Same as above

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3478711

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**FROST, W N
 262 N. 9TH STREET
 DEFUNIAK SPRINGS FL 32433**

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

**After September 13, 2002,
 min. will be \$236.25.**

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FROST, W N 262 N. 9TH STREET DEFUNIAK SPRINGS FL 32433	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD NELSON, ROBERT 101 NICOLE LANE PONCE DE LEON FL 32455	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD FROST, MARIA MONICA 262 N. 9TH STREET DEFUNIAK SPRINGS FL 32433	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TSD FROST, MARIA MONICA 262 N. 9TH ST. DEFUNIAK SPRINGS FL 32433	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TSD FROST, DEBORAH JACKLYN 262 N. 9TH STREET DEFUNIAK SPRINGS FL 32433	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: *W. N. Frost* **W. N. FROST**

09-12-02 (BSD) B92-5294

CR2E037 (4/02)