

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000002413

1. Entity Name

FAMILY OF FAITH COMMUNITY CHURCH OF FORT WALTON

**FILED**  
**May 30, 2000 8:00 am**  
**Secretary of State**

05-30-2000 90064 029 \*\*\*\*61.25

Principal Place of Business

Mailing Address

428 RACETRACK ROAD NE  
FT. WALTON BEACH FL 32547

428 RACETRACK ROAD NE  
FT. WALTON BEACH FL 32547-2547

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

59-1431697

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE



## 6. Name and Address of Current Registered Agent

## 7. Name and Address of New Registered Agent

SANSOM, CHARLES  
206 SOUTH STREET SE  
FORT WALTON BEACH FL 32547

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.

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**  
**Department of State**

## 10. OFFICERS AND DIRECTORS

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete  
NAME D  
STREET ADDRESS SANSOM, CHARLES JR.  
CITY-ST-ZIP 428 RACETRACK ROAD NE  
FT. WALTON BEACH FL 32547

TITLE ☐ Change ☒ Addition  
NAME Jonathan Sansom  
STREET ADDRESS 428 Racetrack Rd  
CITY-ST-ZIP Ft. Walton Beach, Fl 32547

TITLE ☐ Delete  
NAME DT  
STREET ADDRESS PHAGAN, WILLIAM O  
CITY-ST-ZIP 428 RACETRACK ROAD NE  
FT. WALTON BEACH FL 32547

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

TITLE ☐ Delete  
NAME D  
STREET ADDRESS COWAN, SEAN  
CITY-ST-ZIP 428 RACETRACK ROAD NE  
FT. WALTON BEACH FL 32547

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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 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:

**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5-11-00

CFE037 (9/99)