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

Mailing Address 428 RACETRACK ROAD NE

DOCUMENT # N99000002413

1. Entity Name

Principal Place of Business

428 RACETRACK ROAD NE

FAMILY OF FAITH COMMUNITY CHURCH OF FORT WALTON BEACH, INC.



FILED May 09, 2003 8:00 am Secretary of State

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FT. WALTON BEACH FL 32547		FT. WALTON BEACH FL 32547								
2. Principal Place of Business		3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES					
City & State		City & State			4. FEI Number 59-1431697 Applied For Not Applicable					
Zip Country		Zip Co		intry			\$8.75 Addi			
، جرپوسپ	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 the obligation		y submits this statement for ered agent.	the purpose of chang	ing its registere	ed office or regis	stered agent, or both, in th	e State of Florida. I an	n familiar with, a	and accept	
SIGNATURE _	Signature, typed	or printed name of registered agent a	and title if applicable.	(NOTE: Registere	d Agent signature requ	uired when reinstating)	DATE			
FILE NOW: FEE IS \$61.25				on Campaign F Fund Contributi		\$5.00 May Be Added to Fees				
10.	- 	OFFICERS AND DIF	RECTORS	11.	·····	ADDITIONS/CHANGE	S TO OFFICERS AND D	DIRECTORS IN	10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SANSOM, 428 RACE	CHARLES JR. TRACK ROAD NE ON BEACH FL 32547	☐ Delete	NAM STRE				Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT PHAGAN, 428 RACE	WILLIAM O TRACK ROAD NE ON BEACH FL 32547	☐ Delete	NAM STRI				Change	Addition	
TITLE : ** NAME STREET ADDRESS CITY-ST-ZIP	COWAN, 428 RACE	_a. * -	A Deleti	NAM STRI			e e san Î	☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SANSOM 428 RACE	, Jonathan Etrack RD On Beach FL 32547	☐ Deleti	NAM STR				☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delet	NAM STR				☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			□ Delet	NAM STR				☐ 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 reports 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 true of proposed 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:

850-862-4012