


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 08, 2005 8:00 am
Secretary of State

03-08-2005 90171 019 ****61.25

DOCUMENT # N99000004854 1. Entity Name SOUTH WALTON CHURCH OF CHRIST INCORPORATED					
Principal Place of Business 64 CASTING LAKE DR MIRAMAR BEACH FL 32550				Mailing Address P.O. BOX 1718 SANTA ROSA BEACH FL 32459	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-3353939	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
O'NEILL, PATRICK G 159 S. EDEN PARK DR SANTA ROSA BEACH FL 32459				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW: FEE IS \$61.25 Due By May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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		
TITLE	PD <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ONEILL, PATRICK		NAME		
STREET ADDRESS	PO BOX 1718		STREET ADDRESS		
CITY-ST-ZIP	SANTA ROSA BEACH FL 32459		CITY-ST-ZIP		
TITLE	SD <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	TIPTON, BILL		NAME		
STREET ADDRESS	140 MEADOW WOODS LN.		STREET ADDRESS		
CITY-ST-ZIP	NICEVILLE FL 32578		CITY-ST-ZIP		
TITLE	VPD <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HARSTVEDT, HAROLD		NAME		
STREET ADDRESS	126 S. EDEN PARK		STREET ADDRESS		
CITY-ST-ZIP	SANTA ROSA BEACH FL 32459		CITY-ST-ZIP		
TITLE	VPD <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	DAVID CAMPBELL		NAME	DAVID CAMPBELL	
STREET ADDRESS			STREET ADDRESS	10005 W. Emerald Coast Hwy	
CITY-ST-ZIP			CITY-ST-ZIP	DESTIN, FL 32550	
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: <u>Patrick O'Neill</u> PATRICK O'NEILL			3-3-05		850-585-5422
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		Daytime Phone #