


**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 23, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N99000004854</b> 1. Entity Name <b>SOUTH WALTON CHURCH OF CHRIST INCORPORATED</b>	
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Principal Place of Business <b>64 CASTING LAKE DR MIRAMAR BEACH, FL 32550</b>	Mailing Address <b>P.O. BOX 1718 SANTA ROSA BEACH, FL 32459</b>
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<b>DO NOT WRITE IN THIS SPACE</b>
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04172007 No Chg-NP CR2E037 (4/06)

4. FEI Number <b>59-3353939</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

6. Name and Address of Current Registered Agent  <b>O'NEILL, PATRICK G 159 S. EDEN PARK DR SANTA ROSA BEACH, FL 32459</b>
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering)</small>	<b>000000725837</b>
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<b>Filing Fee is \$61.25 Due by May 1, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>05/03/07-80038-018 61.25</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ONEILL, PATRICK PO BOX 1718 SANTA ROSA BEACH, FL 32459
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD TIPTON, BILL 140 MEADOW WOODS LN. NICEVILLE, FL 32578
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD HARSTVEDT, HAROLD 126 S. EDEN PARK SANTA ROSA BEACH, FL 32459
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD CAMPBELL, DAVID 10005 NE EMERALD COURT PKWY DESTIN, FL 32550
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.

<b>SIGNATURE:</b> <i>David Campbell</i> <b>DAVID CAMPBELL</b>	<b>4/18/07</b>	<b>850-585-5427</b>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<small>Date</small>	<small>Daytime Phone #</small>