## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N99000004854

FILED Jan 16, 2009 Secretary of State

Entity Name: SOUTH WALTON CHURCH OF CHRIST INCORPORATED

Current Principal Place of Business: New Principal Place of Business:

64 CASTING LAKE DR MIRAMAR BEACH, FL 32550

Current Mailing Address: New Mailing Address:

P.O. BOX 1718 SANTA ROSA BEACH, FL 32459

FEI Number: 59-3353939 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

O'NEILL, PATRICK G 159 S. EDEN PARK DR SANTA ROSA BEACH, FL 32459 US

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:

Flacture Complete of Davidson I Asset

Electronic Signature of Registered Agent

Date

## **OFFICERS AND DIRECTORS:**

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD ( ) Delete Title: PD (X) Change ( ) Addition Name: ONEILL, PATRICK Name: HARSTVEDT, HAROLD Address: PO BOX 1718 Address: 126 SOUTH EDEN PARK DRIVE City-St-Zip: SANTA ROSA BEACH, FL 32459

Title: SD ( ) Delete Title: SD (X) Change ( ) Addition

Name: TIPTON, BILL Name: CAMPBELL, DAVID

Address: 140 MEADOW WOODS LN. Address: 463 MCDANIELS FISHCAMP RD City-St-Zip: NICEVILLE, FL 32578 City-St-Zip: FREEPORT, FL 32439

ity-5t-Zip. Niceville, FL 32576 City-5t-Zip. FREEPORT, FL 32458

Title: VPD ( ) Delete Title: VPD (X) Change ( ) Addition Name: HARSTVEDT, HAROLD Name: O'NEILL, PATRICK

Address: 126 S. EDEN PARK Address: PO BOX 1718

City-St-Zip: SANTA ROSA BEACH, FL 32459 City-St-Zip: SANTA ROSA BEACH, FL 32459

Title: VPD (X) Delete Title: ( ) Change ( ) Addition

 Name:
 CAMPBELL, DAVID
 Name:

 Address:
 10005 NE EMERALD COURT PKWY
 Address:

 City-St-Zip:
 DESTIN, FL 32550
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PATRICK O'NEILL VPD 01/16/2009