

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N06000003089

**Entity Name:** FELLOWSHIP CHURCHES OF SANTA ROSA COUNTY, INC.**Current Principal Place of Business:**5541 ECONFINA STREET  
MILTON, FL 32570**Current Mailing Address:**PO BOX 4323  
MILTON, FL 32572 US**FEI Number:** 20-4847978**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**GILMORE, WARREN  
5541 ECONFINA STREET  
MILTON, FL 32570 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:**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            LINDSEY, FITZGERALD  
Address        PO BOX 4323  
City-State-Zip: MILTON FL 32572

Title            TREASURER  
Name            ALEXANDER, VICTOR  
Address        PO BOX 4323  
City-State-Zip: MILTON FL 32572

Title            OFFICER  
Name            HAMILTON, MURRAY  
Address        PO BOX 4323  
City-State-Zip: MILTON FL 32572

Title            DEACON  
Name            FRANKLIN, CLAUDIE  
Address        PO BOX 4323  
City-State-Zip: MILTON FL 32572

Title            OFFICER  
Name            HAMILTON, MURRAY  
Address        PO BOX 4323  
City-State-Zip: MILTON FL 32572

Title            DEACON  
Name            FRANKLIN, CLAUDIE  
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Title            DEACON  
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*I hereby 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 all other like empowered.*

**SIGNATURE:** FITZGERALD LINDSEY**PRESIDENT****04/15/2015**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title           OFFICER  
Name           HAMILTON, MURRAY  
Address        PO BOX 4323  
City-State-Zip: MILTON FL 32572

Title           DEACON  
Name           FRANKLIN, CLAUDIE  
Address        PO BOX 4323  
City-State-Zip: MILTON FL 32572