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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995



FLORIDA DEPARTMENT OF STATE
Suzanne B. Norman
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 700846 (9)

1. Corporation Name

THE SEBASTIAN METHODIST CHURCH INC

DO NOT WRITE IN THIS SPACE

| | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------|
| 3. Date Incorporated or Qualified 04/22/1960 | 3a. Date of Last Report 02/09/1994 |
| 4. FEI Number 59-6136385 | Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/> |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input checked="" type="checkbox"/> | \$68.75 Supplemental Fee Not Required |
| 8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No | |

| | | | |
|------------------------------------------------------------|---------------------|------------------------------------------------------------|----|
| Principal Place of Business | | Mailing Address | |
| 1029 MAIN ST. P O BOX 780328 SEBASTIAN FL 32978-7328 | | 1029 MAIN ST. P O BOX 780328 SEBASTIAN FL 32978-7328 | |
| 2. Principal Place of Business | 2a. Mailing Address | 21 | 26 |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. | 22 | 27 |
| City & State | City & State | 23 | 28 |
| Zip | Country | 24 | 29 |
| | | 25 | 30 |

| | | | |
|-----------------------------------------------------------|--|-------------------------------------------------------|----|
| 9. Name and Address of Current Registered Agent | | 10. Name and Address of New Registered Agent | |
| HULSE, ALAN J. 402 COPLY TERRACE SEBASTIAN FL 32958 | | 81 Name | |
| | | 82 Street Address (P.O. Box Number is Not Acceptable) | |
| | | 83 | |
| | | 84 City | FL |
| | | 85 Zip Code | |

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when re-registering) _____ DATE _____

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|----------------------------|-------------------------------------------------------|-------------------------------------------------------------------|
| TITLE | DS | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MILLER, RUTH | 1.2 NAME | |
| STREET ADDRESS | 13275 OLD DIXIE HWY | 1.3 STREET ADDRESS | |
| CITY - ST - ZIP | SEBASTIAN FL | 1.4 CITY - ST - ZIP | |
| TITLE | V | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | SILVA, CHARLES | 2.2 NAME | |
| STREET ADDRESS | 414 TULIP DR. | 2.3 STREET ADDRESS | |
| CITY - ST - ZIP | SEBASTIAN FL | 2.4 CITY - ST - ZIP | |
| TITLE | D | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | WOZAKA, RICHARD | 3.2 NAME | D Bill Messersmith |
| STREET ADDRESS | XXXXXXXXXX | 3.3 STREET ADDRESS | 572 Peterson Street S.W. |
| CITY - ST - ZIP | XXXXXXXXXX | 3.4 CITY - ST - ZIP | Sebastian, FL 32958 |
| TITLE | T | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | DOLDE, WALTER | 4.2 NAME | |
| STREET ADDRESS | 873 HAVERHILL AVE | 4.3 STREET ADDRESS | |
| CITY - ST - ZIP | SEBASTIAN FL | 4.4 CITY - ST - ZIP | |
| TITLE | PD | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | HULSE, ALAN J | 5.2 NAME | |
| STREET ADDRESS | 402 COPLY TERRACE | 5.3 STREET ADDRESS | |
| CITY - ST - ZIP | SEBASTIAN FL | 5.4 CITY - ST - ZIP | |
| TITLE | | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY - ST - ZIP | | 6.4 CITY - ST - ZIP | |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or in an attachment with an address.

SIGNATURE: *Alan J. Hulse* _____ (NAME OF SIGNING OFFICER OR DIRECTOR) _____