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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT #
1. Corporation Name

SIGNATURE:

700846

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ITE S	EBASTIAN METHODIST C	HURCH INC			
Principal Plac	e of Business	Mailing Address			BASA BABAA BABAA BABAA BABAA BABAA BABAA 1881
1029 MAIN ST. P O BOX 780328 SEBASTIAN FL 32978-7328		1029 Main St. P 0 Box 780328 Sebastian FL 32978-7328			
				3. Date Incorporated or Qualified 04/22/1960	3a. Date of Last Report 03/06/1995
 Principal F 	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		59-6136385	Not Applicable \$8.75 Additional
2		27		5. Certificate of Status Desired	Fee Required
City & Stat	te	Crty & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation has liability for i	· · · · · · · · · · · · · · · · · · ·
4	25	29	30		Yes No
	9. Name and Address of Curr	rent Registered Agent	81 Name	10. Name and Address of New R	egistered Agent
			81 Name		
	ALAN J.		82 Street Ad	Idress (P.O. Box Number is Not Acceptab	e)
	PLY TERRACE NAN FL 32958		83		
SEBASI	MAN FL 32908				
			84 City		FL 85 Zip Code
familiar w	ered agent, or both, in the State of Fig vitn, and a support the obligations of, Se	ornii Suori change was authon: extirin 61 .0503, Florida Statute	s	,	, ,
or registe familiar w SIGNATURE	Sign of hippost or printed harvest yesterast ag	eriin 617.0503, Horida Statute	O'E Progistered Agent signature requi		DATE
familiar w SIGNATURE 112.	Signature by part the colligations of, Se Signature by part or product name of product ago OFFICERS A	ertilen 617.0503, Forida Statute	S O [*] E: Registered Agent signature requ	rod when renstating	DATE
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IME OF LUNING OFFICER OR DIRECTOR

Daytime Phone #