

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 700846 (9)

1. Corporation Name
THE SEBASTIAN METHODIST CHURCH INC



Principal Place of Business: 1029 MAIN ST. P O BOX 780328 SEBASTIAN FL 32978-7328
Mailing Address: 1029 MAIN ST. P O BOX 780328 SEBASTIAN FL 32978-7328

3. Date Incorporated or Qualified: 04/22/1960
3a. Date of Last Report: 03/06/1995
4. FEI Number: 59-6136385
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: 21, 22, 23, 24
2a. Mailing Address: 25, 26, 27, 28, 29, 30

9. Name and Address of Current Registered Agent
**HULSE, ALAN J.
402 COPLY TERRACE
SEBASTIAN FL 32958**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: *Alan J. Hulse*

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

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 on an attachment with an address.

SIGNATURE: *Alan J. Hulse*

SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)