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Jan 21 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # 700846 (9)

1. Corporation Name  
THE SEBASTIAN METHODIST CHURCH INC



Principal Place of Business Mailing Address  
1029 MAIN ST. 1029 MAIN ST.  
P O BOX 780328 P O BOX 780328  
SEBASTIAN FL 32978-7328 SEBASTIAN FL 32978-0328

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt #, etc. 26 Suite, Apt #, etc.  
22 City & State 27 City & State  
23 Zip Country 28 Zip Country  
24 25 29 30

3. Date Incorporated or Qualified 04/22/1960 3a. Date of Last Report 02/07/1996  
4. FEI Number 59-6136385 Applied For Not Applicable  
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

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 FL 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS  
TITLE DS DELETE  
NAME MILLER, RUTH  
STREET ADDRESS 13275 OLD DIXIE HWY  
CITY-ST-ZIP SEBASTIAN FL  
TITLE V DELETE  
NAME SILVA, CHARLES  
STREET ADDRESS 414 TULIP DR.  
CITY-ST-ZIP SEBASTIAN FL  
TITLE D DELETE  
NAME MESSERSMITH, BILL  
STREET ADDRESS 572 PETERSON ST SW  
CITY-ST-ZIP SEBASTIAN FL  
TITLE T DELETE  
NAME DOLDE, WALTER  
STREET ADDRESS 873 HAVERHILL AVE  
CITY-ST-ZIP SEBASTIAN FL  
TITLE PD DELETE  
NAME HULSE, ALAN J  
STREET ADDRESS 402 COPLY TERRACE  
CITY-ST-ZIP SEBASTIAN FL  
TITLE DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  
1.1 TITLE Change Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP  
2.1 TITLE Change Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP  
3.1 TITLE Change Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP  
4.1 TITLE Change Addition  
4.2 NAME Paul Gray  
4.3 STREET ADDRESS 749 S. Fischer Cr  
4.4 CITY-ST-ZIP Sebastian, FL 32958  
5.1 TITLE Change Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP  
6.1 TITLE Change Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: [Signature] HULSE JAN 8, 97  
DATE: [Signature] DATE  
Daytime Phone # 0021067

CR2E037 (9/96)