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NONPROFIT CORPORATION ANNUAL REPORT

1999



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FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

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DOCUMENT #	7 /UU846

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 32978-7328** 3. Date Incorporated or Qualifed 2a. Mailing Address 2. Principal Place of Business 04/22/1960 26 21 FEI Number Applied For Suite, Apt. #, etc. Suite, Apt. #, etc. 59-6136385 Not Applicable 27 22 City & State City & State \$8.75 Additional X 5. Certifcate of Status Desired Fee Required 23 28 Country \$5.00 May Be Country Zip Election Campaign Financing Zip 30 Trust Fund Contribution Added to Fees 29 25 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent HULSE, ALAN J. Street Address (P.O. Box Number is Not Acceptable) 82 **402 COPLY TERRACE** 83 SEBASTIAN FL 32958 Zip Code 84 City 85 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. Change ☐ DELETE 1.1 TITLE TITLE CR2E037 MILLER, RUTH 1.2 NAME NAME 13275 OLD DIXIE HWY 1.3 STREET ADDRESS STREET ADDRESS SEBASTIAN FL 1.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change ☐ Addition 2.1 TITLE TITLE MESSERSMITH, BILL 2.2 NAME NAME **572 PETERSON ST SW** 2.3 STREET ADDRESS STREET ADDRESS SEBASTIAN FL 2.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change □ DELETE 3.1 TITLE TITLE 3.2 NAME HULSE, ALAN J NAME **402 COPLY TERRACE** 3.3 STREET ADDRESS STREET ADDRESS SEBASTIAN FL 3.4. CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition DELETE 4.1 TITLE 4. 2 NAME NAME 4.3 STREET ADORESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition □ DELETE 5.1 TITLE TITLE 52 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP 61 TITLE ☐ Change ☐ Addition DELETE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS

14. I 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 affectment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

HULSE