

7/24/01

FILED
Aug 10, 2001 8:00 am
Secretary of State

07-24-2001 90013 013 ****70.00

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 700846

1. Entity Name

THE SEBASTIAN METHODIST CHURCH INC

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-6136385

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HULSE, ALAN J.
402 COPLY TERRACE
SEBASTIAN FL 32958

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
After September 12, 2001, min. will be \$236.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP
~~DS MILLER, RUTH 13275 OLD DIXIE HWY SEBASTIAN FL~~ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP
Secretary Eric Grotke **DS** 358 Main Street Sebastian, FL. 32958 Change Addition

TITLE NAME STREET ADDRESS CITY-ST-ZIP
~~D MESSERSMITH, BILL 572 PETERSON ST SW SEBASTIAN FL~~ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP
Vice President **D** Robert Proctor 134 Dickens Avenue Sebastian, FL. 32958 Change Addition

TITLE NAME STREET ADDRESS CITY-ST-ZIP
PD HULSE, ALAN J 402 COPLY TERRACE SEBASTIAN FL Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP Change Addition

TITLE NAME STREET ADDRESS CITY-ST-ZIP Delete

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TITLE NAME STREET ADDRESS CITY-ST-ZIP Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP Change Addition

TITLE NAME STREET ADDRESS CITY-ST-ZIP Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP Change Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Alan J. Hulse **REQUIRED** Alan J. Hulse 7/9/2001 (561)589-5230
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CF2E037 (5/01)