


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 21, 2008 08:00 A**  
**Secretary of State**

DOCUMENT # 700846 1. Entity Name THE SEBASTIAN METHODIST CHURCH INC	
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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
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03142008 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-6136385	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

HULSE, ALAN J.  
402 COPLY TERRACE  
SEBASTIAN, FL 32958

**DO NOT WRITE IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

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

**Filing Fee is \$61.25**  
**Due by May 1, 2008**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD BENJAMIN, CHARLES 6171 ISLAND HARBOR RD. SEBASTIAN, FL 32958
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HULSE, ALAN J 402 COPLY TERRACE SEBASTIAN, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HARDING, EILEEN 682 COLLIER LAKE CIR SEBASTIAN, FL 32958
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 04/08/08-80038-004 70.00

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 an other like empowered.

SIGNATURE:  **ALAN J. HULSE** 3-17-08 772 589 9230  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #