2003 NOT-FOR-PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # 700846

1. Entity Name



FILED Feb 10, 2003 8:00 am Secretary of State

02-10-2003 90238 045 ****70.00

THE SEBASTIAN METHODIST CHURCH INC													
1029 MAIN ST. 1029 P O BOX 780328 P O			1029 M P O BO	Mailing Address 1029 MAIN ST. P O BOX 780328 SEBASTIAN FL 32978-7328			I (1801) 1800 881) 8810 8810 8810 8810 8810						
2. Principal Place of Business 3. M				Mailing Address									
Suite, Apt. #, etc.			Sui	Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES					
City & State			City & State					4. FEI Number 50	6136385		<u> </u>	oplied For ot Applicable	1
Zip Country			Zip C			untry 5. Certifica		5. Certificate of Si	atus Desired	X	\$8.75 Add	ditional	
6. Name and Address of Current			t Registere	Registered Agent			7. Name and Address of New Registered Agent						
			-			Name							1
HULSE, ALAN J. 402 COPLY TERRACE				•	Street A	Street Address (P.O. Box Number is Not Acceptable)							
SEBASTIAN FL 32958													1
					City		FL Zip Code					1	
		y submits this statement	for the purp	ose of changing its	register	ed office or	registere	ed agent, or both, in	the State of Flori	da. Lan	n familiar with,	and accept	
the obligat	tions of regist	ered agent.											
SIGNATURE		or printed name of registered age	nt and title if app	licable. (NOTE	: Registere	ed Agent signati	ure required	when reinstating)		DATE	··		
			<u>-</u> -	<u> </u>			· ·		······································	•			
FILE NOW: FEE IS \$61.25				9. Election Campaign Financing Trust Fund Contribution.				\$5.00 May Be Added to Fees			ck Payable rtment of \$		
10.		OFFICERS AND D	IRECTORS		11.		· £	ADDITIONS/CHANG	ES TO OFFICER	S AND E	DIRECTORS IN	J 10	-
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NAME STREET ADDRESS		CHER CIRCLE				EET ADDRESS	5100	er, Robert 95th Stree	t				
CITY-ST-ZIP		N FL 32958				-ST-ZIP	Sebas	stian, Fl.	32958				
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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 truetee 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.

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP