

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

**APPROVED AND FILED**

**95 APR 12 PM 12: 10**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**

CORPORATION ANNUAL REPORT 1995



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

**DOCUMENT # 720122 (1)**  
 1. Corporation Name  
**ST. SEBASTIAN'S-BY-THE-SEA, INC.**

Principal Place of Business Mailing Address

**2010 SOUTH OAK STREET MELBOURNE BEACH FL 32951**      **2010 SOUTH OAK STREET MELBOURNE BEACH FL 32951**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **01/25/1971**      3a. Date of Last Report **02/16/1994**

4. FEI Number **59-1082770**      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**

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status  **\$68.75 Supplemental Fee Not Required**

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

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

9. Name and Address of Current Registered Agent

**COLLINS, REV. PERRY W.**  
**2010 SOUTH OAK STREET**  
**MELBOURNE BCH FL 32951**

10. Name and Address of New Registered Agent

81 Name

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

83 **400001455144**  
**-04/13/95--01008--003**

84 City **\*\*\*\*\*61.2 FL \*\*\*\*\*83925**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COLLINS, PERRY W.	1.2 NAME	
STREET ADDRESS	2010 S OAK STREET	1.3 STREET ADDRESS	
CITY - ST - ZIP	MELBOURNE BCH FL 32951	1.4 CITY - ST - ZIP	
TITLE	DV	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARLOW, T. MITCHELL	2.2 NAME	
STREET ADDRESS	210 ELM ST	2.3 STREET ADDRESS	
CITY - ST - ZIP	MELBOURNE BCH FL	2.4 CITY - ST - ZIP	
TITLE	<del>STB</del>	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<del>BRIDGMAN, JAMES</del>	3.2 NAME	
STREET ADDRESS	<del>407 MARGARITA RD</del>	3.3 STREET ADDRESS	
CITY - ST - ZIP	<del>MELBOURNE BCH FL</del>	3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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: T. Mitchell Barlow      2/15/95      407-725-5721

\_\_\_\_\_  
 SIGNATURE, TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Telephone #

**T. Mitchell Barlow**