

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 700846

**FILED**  
**Jan 16, 2015**  
**Secretary of State**  
**CC5194376303**

**Entity Name:** THE SEBASTIAN METHODIST CHURCH INC

**Current Principal Place of Business:**

1029 MAIN ST.  
SEBASTIAN, FL 32958

**Current Mailing Address:**

1029 MAIN ST.  
SEBASTIAN, FL 32958

**FEI Number: 59-6136385**

**Certificate of Status Desired: Yes**

**Name and Address of Current Registered Agent:**

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

*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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title            VPD  
Name            BENJAMIN, CHARLES  
Address        6171 ISLAND HARBOR RD.  
City-State-Zip: SEBASTIAN FL 32958

Title            PD  
Name            HULSE, ALAN J  
Address        402 COPLY TERRACE  
City-State-Zip: SEBASTIAN FL 32958

Title            SD  
Name            HARDING, EILEEN  
Address        6219 S MIRROR LAKE DRIVE  
City-State-Zip: SEBASTIAN FL 32958

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE: SHARON JOHNSON**

**OFFICE MANAGER**

**01/16/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date