2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 03, 2009
Secretary of State

DOCUMENT# 700846

Entity Name: THE SEBASTIAN METHODIST CHURCH INC

Current Principal Place of Business:

1029 MAIN ST.
P O BOX 780328
SEBASTIAN, FL 329787328

New Principal Place of Business:

1029 MAIN ST.
SEBASTIAN, FL 32958

Current Mailing Address:

1029 MAIN ST.
P O BOX 780328
SEBASTIAN, FL 329787328

New Mailing Address:

1029 MAIN ST.
SEBASTIAN, FL 32958

FEI Number: 59-6136385 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: VPD ( ) Delete
Name: BENJAMIN, CHARLES
Address: 6171 ISLAND HARBOR RD.
City-St-Zip: SEBASTIAN, FL 32958

Title: PD ( ) Delete
Name: HULSE, ALAN J,
Address: 402 COPLY TERRACE
City-St-Zip: SEBASTIAN, FL

Title: SD ( ) Delete
Name: HARDING, EILEEN
Address: 682 COLLIER LAKE CIR
City-St-Zip: SEBASTIAN, FL 32958

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: PD (X) Change ( ) Addition
Name: HULSE, ALAN J,
Address: 402 COPLY TERRACE
City-St-Zip: SEBASTIAN, FL 32958

Title: SD (X) Change ( ) Addition
Name: HARDING, EILEEN
Address: 6219 S MIRROR LAKE DRIVE
City-St-Zip: SEBASTIAN, FL 32958

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: ALAN J. HULSE PD 03/03/2009

Electronic Signature of Signing Officer or Director — Date