

FILE NOW: FILING FEE IS \$61.25

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Mar 31, 1999 8:00 am
Secretary of State

03-31-1999 90046 015 ****61.25

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| NONPROFIT CORPORATION ANNUAL REPORT 1999 |  | FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS |
|---|---|--|

DOCUMENT # 720122

1. Corporation Name
ST. SEBASTIAN'S-BY-THE-SEA, INC.

| | |
|---|---|
| Principal Place of Business 2010 SOUTH OAK STREET MELBOURNE BEACH FL 32951 | Mailing Address 2010 SOUTH OAK STREET MELBOURNE BEACH FL 32951 |
|---|---|



| | | |
|--------------------------------------|---------------------------|--|
| 2. Principal Place of Business 21 | 2a. Mailing Address 26 | 3. Date Incorporated or Qualified 01/25/1971 |
| Suite, Apt. #, etc. 22 | Suite, Apt. #, etc. 27 | 4. FEI Number 59-1082770 |
| City & State 23 | City & State 28 | Applied For Not Applicable |
| Zip 24 | Country 25 | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required |
| | Country 30 | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees |

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 |
| 84 City |
| FL 85 Zip Code |

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

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

12. OFFICERS AND DIRECTORS

| | | |
|----------------|------------------------------|--|
| TITLE | PD | <input type="checkbox"/> DELETE |
| NAME | COLLINS, PERRY W. | |
| STREET ADDRESS | 2010 X OAK STREET | |
| CITY-ST-ZIP | MELBOURNE BCH FL 32951 | |
| TITLE | DV | <input checked="" type="checkbox"/> DELETE |
| NAME | YANDELL, TIM S | |
| STREET ADDRESS | 231 SEAVIEW ST | |
| CITY-ST-ZIP | MELBOURNE BCH FL | |
| TITLE | STD | <input type="checkbox"/> DELETE |
| NAME | PETERSON, PETER | |
| STREET ADDRESS | 401 THIRD AVE. | |
| CITY-ST-ZIP | MELBOURNE BCH. FL 32951 | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|--------------------|---|
| 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | |
| 1.4 CITY-ST-ZIP | |
| 2.1 TITLE | DV <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | Zulager, Charles |
| 2.3 STREET ADDRESS | 2750 Spitfire Ct. |
| 2.4 CITY-ST-ZIP | Melbourne Beach, FL 32951 |
| 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | |
| 3.3 STREET ADDRESS | |
| 3.4 CITY-ST-ZIP | |
| 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | |
| 4.3 STREET ADDRESS | |
| 4.4 CITY-ST-ZIP | |
| 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | |
| 5.3 STREET ADDRESS | |
| 5.4 CITY-ST-ZIP | |
| 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | |
| 6.3 STREET ADDRESS | |
| 6.4 CITY-ST-ZIP | |

14. 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 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, with all other like empowered.

SIGNATURE: *[Signature]* **SIGNATURE REQUIRED** 3-26-99 (407) 723-3015

THE REV. PERRY W. COLLINS Date Daytime Phone #

CR2E037 (1/198)