

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **765868** (5)

1. Corporation Name

FIRST BAPTIST CHURCH OF SEBASTIAN, INC.

Principal Place of Business

% R. HAROLD LEE
1117 US 1
SEBASTIAN FL 32958

Mailing Address

% R. HAROLD LEE
1117 US 1
SEBASTIAN FL 32958



3. Date Incorporated or Qualified

11/24/1982

3a. Date of Last Report

05/01/1995

4. FEI Number

59-2400334

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**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes

☐ No

9. Name and Address of Current Registered Agent

**LEE, R. HAROLD
124 CORAL WAY EAST
INDIALANTIC FL 32901**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**D
MANN, EDITH
882 DOLORES ST.
SEBASTIAN FL**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**S
EVANS, AGNES (MRS.)
697 S. WIMBROW DR.
SEBASTIAN, FL 00000**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**P
LEE, R HAROLD
124 CORAL WAY EAST
INDIALANTIC FL**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**V
LEE, SUE
124 CORAL WAY EAST
INDIALANTIC FL**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**T
BRINTON, LEOTA E
758 VOCELLE AVE
SEBASTIAN, FL 00000**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**D
CHERRY, MILICENT
211 EDWARD DRIVE
SEBASTIAN FL**

☒ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☒ Addition

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

**D
TALBOT, HENRY
718 VOCELLE AVE.
SEBASTIAN, FL. 32958**

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

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 119.07(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
R. HAROLD LEE

DATE

7/11/96

Daytime Phone #

589-4363

CR2E037 (3/96)