

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 30 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 765868 (5)

1. Corporation Name

SEBASTIAN RIVER WORSHIP CENTER INC.



Principal Place of Business

Mailing Address

% R. HAROLD LEE
1117 US 1
SEBASTIAN FL 32958% R. HAROLD LEE
1117 US 1
SEBASTIAN FL 32958-86193. Date Incorporated or Qualified
11/24/19823a. Date of Last Report
07/17/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D
NAME MANN, EDITH
STREET ADDRESS 882 DOLORES ST.
CITY-ST-ZIP SEBASTIAN FL 329581.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIPTITLE S
NAME EVANS, AGNES (MRS.)
STREET ADDRESS 697 S. WIMBROW DR.
CITY-ST-ZIP SEBASTIAN, FL 00000 329582.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIPTITLE P
NAME LEE, R HAROLD
STREET ADDRESS 124 CORAL WAY EAST
CITY-ST-ZIP INDIALANTIC FL 329033.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIPTITLE V
NAME LEE, SUE
STREET ADDRESS 124 CORAL WAY EAST
CITY-ST-ZIP INDIALANTIC FL 329034.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIPTITLE T
NAME BRINTON, LEOTA E
STREET ADDRESS 758 VOCELLE AVE
CITY-ST-ZIP SEBASTIAN, FL 00000 329585.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIPTITLE D
NAME TALBOT, HENRY
STREET ADDRESS 718 VOCELLE AVE
CITY-ST-ZIP SEBASTIAN FL 329586.1 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 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.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0020335

CR2E037 (9/96)