

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 17, 1999 8:00 am
Secretary of State

05-17-1999 90070 019 ****61.25

DOCUMENT # 765868

1. Corporation Name

SEBASTIAN RIVER WORSHIP CENTER 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



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

3. Date Incorporated or Qualified

11/24/1982

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

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

TITLE ☐ DELETE
NAME **D**
STREET ADDRESS **MANN, EDITH**
CITY-ST-ZIP **882 DOLORES ST.**
SEBASTAIN FL

TITLE ☐ DELETE
NAME **S**
STREET ADDRESS **EVANS, AGNES (MRS.)**
CITY-ST-ZIP **697 S. WIMBROW DR.**
SEBASTIAN, FL 00000

TITLE ☐ DELETE
NAME **P**
STREET ADDRESS **LEE, R HAROLD**
CITY-ST-ZIP **124 CORAL WAY EAST**
INDIALANTIC FL

TITLE ☐ DELETE
NAME **V**
STREET ADDRESS **LEE, SUE**
CITY-ST-ZIP **124 CORAL WAY EAST**
INDIALANTIC FL

TITLE ☐ DELETE
NAME **T**
STREET ADDRESS **BRINTON, LEOTA E**
CITY-ST-ZIP **758 VOCELLE AVE**
SEBASTIAN, FL 00000

TITLE ☐ DELETE
NAME **D**
STREET ADDRESS **TALBOT, HENRY**
CITY-ST-ZIP **718 VOCELLE AVE**
SEBASTIAN FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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 officers empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5-10-99

CR2E037 (11/98)