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FILED
Apr 28, 1998 8:00 am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA 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

3. Date Incorporated or Qualified

11/24/1982

4. FEI Number

59-2400334

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

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

☐ DELETE

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

☐ DELETE

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

☐ DELETE

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

☐ DELETE

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

☐ DELETE

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

☐ DELETE

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

☐ Change ☐ Addition

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

☐ Change ☐ Addition

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

☐ Change ☐ Addition

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

☐ Change ☐ Addition

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

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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.

SIGNATURE:

R. HAROLD LEE

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0080883

4/21/98

CR2E037 (10/97)