

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 29, 2002 8:00 am
Secretary of State

05-29-2002 90711 048 ****61.25

DOCUMENT # 765868

1. Entity Name

SEBASTIAN RIVER BAPTIST CHURCH, INC.

Principal Place of Business

Mailing Address

% EDWIN CREEL
 1117 US 1
 SEBASTIAN FL 32958

% EDWIN CREEL
 1117 US 1
 SEBASTIAN FL 32958

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2400334

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CREEL, EDWIN
6384 S HWY A1A
MELBOURNE BEACH FL 32951

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **P** ☐ Delete
 NAME **CREEL, EDWIN**
 STREET ADDRESS **S HWY A1A**
 CITY-ST-ZIP **MELBOURNE BEACH FL 32951**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **V** ☐ Delete
 NAME **CREEL, YEVON**
 STREET ADDRESS **6384 HWY A1A**
 CITY-ST-ZIP **MELBOURNE BEACH FL 32951**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **S** ☐ Delete
 NAME **WILCOX, AGNES**
 STREET ADDRESS **697 S WINBROW DRIVE**
 CITY-ST-ZIP **SEBASTIAN FL 32958**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** ☐ Delete
 NAME **LOUDERMILK, GORDON**
 STREET ADDRESS **9305 126TH AVENUE**
 CITY-ST-ZIP **FELLSMERE FL 32948**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** ☐ Delete
 NAME **WALKER, EARL**
 STREET ADDRESS **913 NW CASHEW CIRCLE**
 CITY-ST-ZIP **BAREFOOT BAY FL 32976**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** ☐ Delete
 NAME **PIRKE, CHARLES**
 STREET ADDRESS **445 SW OAK STREET**
 CITY-ST-ZIP **SEBASTIAN FL 32958**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Edwin Creel* **Edwin Creel**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

MAY 12, 2002 772-589-4363

CR2E037 (9/01)