

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 09, 2004 8:00 am
Secretary of State

02-09-2004 90054 001 ****61.25

DOCUMENT # 765868

1. Entity Name

SEBASTIAN RIVER BAPTIST CHURCH, INC.



Principal Place of Business

% EDWIN CREEL
1117 US 1
SEBASTIAN FL 32958

Mailing Address

% 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



MOORE

CR2E037 (11/03)

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. I am familiar with, and accept the obligations of registered agent.

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
Due By May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	CREEL, EDWIN	
STREET ADDRESS	S HWY A1A	
CITY-ST-ZIP	MELBOURNE BEACH FL 32951	
TITLE	V	<input type="checkbox"/> Delete
NAME	CREEL, YEVON	
STREET ADDRESS	6384 HWY A1A	
CITY-ST-ZIP	MELBOURNE BEACH FL 32951	
TITLE	S	<input type="checkbox"/> Delete
NAME	WILCOX, AGNES	
STREET ADDRESS	697 S WINBROW DRIVE	
CITY-ST-ZIP	SEBASTIAN FL 32958	
TITLE	D	<input type="checkbox"/> Delete
NAME	LOUDERMILK, GORDON	
STREET ADDRESS	9305 126TH AVENUE	
CITY-ST-ZIP	FELLSMERE FL 32948	
TITLE	D	<input type="checkbox"/> Delete
NAME	WALKER, EARL	
STREET ADDRESS	913 NW CASHEW CIRCLE	
CITY-ST-ZIP	BAREFOOT BAY FL 32976	
TITLE	D	<input type="checkbox"/> Delete
NAME	PIRKE, CHARLES	
STREET ADDRESS	445 SW OAK STREET	
CITY-ST-ZIP	SEBASTIAN FL 32958	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	T.	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JARNEY, MARION	
STREET ADDRESS	578 JENKINS ST.	
CITY-ST-ZIP	SEBASTIAN, FL. 32958	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

(name was omitted)

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

Jan 25, 2004 1-321-777-9588

Date

Daytime Phone #