

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 18, 2005 8:00 am
Secretary of State

02-18-2005 90066 029 ****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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CREEL, EDWIN
6384 S HWY A1A 2835 N. Hwy A1A
MELBOURNE BEACH FL 32951 Indianantic
FL 32903

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, 2005

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
NAME CREEL, EDWIN ☐ Delete
STREET ADDRESS 6384 S HWY A1A 2835 N. Hwy A1A
CITY-ST-ZIP MELBOURNE BEACH FL 32951 Indianantic FL 32903

TITLE V
NAME CREEL, YEVON ☐ Delete
STREET ADDRESS 6384 S HWY A1A 2835 N. Hwy A1A
CITY-ST-ZIP MELBOURNE BEACH FL 32951 Indianantic FL 32903

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

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

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME T. MARION JARNEY
STREET ADDRESS 618 JENKINS ST.
CITY-ST-ZIP SEBASTIAN, FL. 32958

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

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

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

TITLE ☒ Change ☐ Addition
NAME D. FERGUSON, FREEDIA
STREET ADDRESS 578 GRACE ST.
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

Feb. 18, 2005 1-772-589-4363

Date

Daytime Phone #