2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 07, 2008 8:00 am
Secretary of State
02-07-2008 90032 022 ****61.25

DOCUMENT # 765868

1. Entity Name

SEBASTIAN RIVER BAPTIST CHURCH, INC.

Principal Place of Business	Mailing Address
~~% STANFORD E. MURRELL, PASTOR~~ Bill Ruehman, pastor 1117 US HWY 1 SEBASTIAN FL 32958	~~% STANFORD E. MURRELLY, PASTOR~~ Bill Ruehman, Pastor 1117 US HWY 1 SEBASTIAN FL 32958

1st MOORE CR2E037 (10/07)

2. Principal Place of Business - No P.O. Box #	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
~~MURRELL, STANFORD E PASTOR~~ ~~7300 US HWY 1~~ ~~MICCO FL 32976~~ Bill Ruehman 1117 US Hwy 1 Sebastian	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: _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS $61.25
Due By May 1, 2008

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P ~~LOUDERMILK, GORDON~~ ~~120 AVE~~ ~~FELLSMERE FL 32948~~ Robert Collins 558 Michael St Sebastian, FL 32958	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP ~~LOUDERMILK, ANNA P~~ ~~126 AVE~~ ~~FELLSMERE FL 32948~~ Yvonne Collins 558 Michael St Sebastian, FL 32958	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S WILCOX, AGNES 697 S WINBROW DRIVE SEBASTIAN FL 32958	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WHITE, WILMA 9785 57TH ST SEBASTIAN FL 32958	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D FERGUSON, FREEDIA 578 GRACE ST SEBASTIAN FL 32958	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ~~COLLINS, YEVON~~ ~~558 MICHAEL ST~~ ~~SEBASTIAN FL 32958~~ Sue Matson 3004 N Dairy Dr. Sebastian, FL 32958	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: Pastor Bill Ruehman Pastor Bill Ruehman 1-30-08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Title — Daytime Phone #