

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Matham
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 MAY - 1 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **769111** (6)
1. Corporation Name
SEBASTIAN CHRISTIAN CHURCH, INC.

Principal Place of Business Mailing Address
P. O. BOX 781040 SEBASTIAN FL 32958

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 06/27/1983	3a. Date of Last Report 02/11/1994
4. FEI Number 59-2301880	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input checked="" type="checkbox"/> \$68.75 Supplemental Fee Not Required	
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 25 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
---	--

9. Name and Address of Current Registered Agent HESS, FRED 437 CONCHA STREET SEBASTIAN FL 32958	10. Name and Address of New Registered Agent 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 607.0502 and 607.1508, 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 607.0305, Florida Statutes.

SIGNATURE: *[Signature]* (NOTE: Registered Agent signature required when completing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <input checked="" type="checkbox"/> TD NAME SLATTERY, LOIS A STREET ADDRESS 1361 BARBER ST. CITY - ST - ZIP SEBASTIAN FL		11 TITLE <input type="checkbox"/> <input checked="" type="checkbox"/> D 12 NAME ELDER HERNDON BILL 13 STREET ADDRESS 8920 44th Ave 14 CITY - ST - ZIP WABASSO, FL 32970	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE <input checked="" type="checkbox"/> SD NAME SMITH, FRANCES VAN DE VENTER STREET ADDRESS 1138 BREEZY WAY # 3 C CITY - ST - ZIP SEBASTIAN FL		21 TITLE <input type="checkbox"/> <input checked="" type="checkbox"/> D 22 NAME ELDER PREIKSCHAT BOB 23 STREET ADDRESS 604 AMARYLLIS DR 24 CITY - ST - ZIP BARBERS PT BAY, FL 32976	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE <input type="checkbox"/>		31 TITLE <input type="checkbox"/> <input checked="" type="checkbox"/> P 32 NAME PREDICATOR MILLER, FERNST 33 STREET ADDRESS 1026 21st CT. 34 CITY - ST - ZIP VERO BEACH, FL 32960	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE <input type="checkbox"/>		41 TITLE <input type="checkbox"/> <input checked="" type="checkbox"/> D 42 NAME HESS, FRED 43 STREET ADDRESS 437 CONCHA DR. 44 CITY - ST - ZIP SEBASTIAN, FL 32958	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE <input type="checkbox"/>		51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <input type="checkbox"/>		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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 officer 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 an attachment with an addendum.

SIGNATURE: *[Signature]* (NOTE: Signature and typed or printed name of signing officer or director)
5/1/95 (407) 599-3800