

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 03, 2001 8:00 am
Secretary of State

02-03-2001 90050 009 ****61.25

DOCUMENT # 769111

1. Entity Name

SEBASTIAN CHRISTIAN CHURCH, INC.

Principal Place of Business

190 DAY DRIVE
 SEBASTIAN FL 32958
 US

Mailing Address

190 DAY DRIVE
 SEBASTIAN FL 32958

2. Principal Place of Business

190 DAY DR.

3. Mailing Address

190 DAY DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Sebastian FL

City & State

Sebastian, FL

4. FEI Number

59-2301880

Applied For

Not Applicable

Zip

Country

32958

INDIAN RIVER

Zip

Country

32958

INDIAN RIVER

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HESS, FRED
 1026 21 ST COURT
 VERO BEACH FL 32960

7. Name and Address of New Registered Agent

Name: William E. Miller
 Street Address (P.O. Box Number is Not Acceptable): 1026 21 ST COURT
 City: VERO BEACH, FL 32960
 Zip Code: 32960

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

William E. Miller William E. Miller

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

(NOTE: Registered Agent signature required when reinstating)

1/14/01
 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 NAME	D PREIKSCHAT, BOB	<input type="checkbox"/> Delete
STREET ADDRESS	604 AMARYLLIS DR	
CITY-ST-ZIP	BAREFOOT BAY FL	
TITLE NAME	D MILLER, ERNEST	<input type="checkbox"/> Delete
STREET ADDRESS	1026 21ST CT	
CITY-ST-ZIP	VERO BEACH FL	
TITLE NAME	D HESS, FRED	<input type="checkbox"/> Delete
STREET ADDRESS	437 CONCHA DR	
CITY-ST-ZIP	SEBASTIAN FL	
TITLE NAME	D GUY, THOMAS A	<input type="checkbox"/> Delete
STREET ADDRESS	640 10TH ST. SW	
CITY-ST-ZIP	VERO BEACH FL 32962	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: William E. Miller **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR** 1/21/01 561-569-5352
 Date Daytime Phone #

CR2E037 (10/00)