

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 19, 2002 8:00 am
Secretary of State

02-19-2002 90087 021 ****61.25

DOCUMENT # 769111

1. Entity Name

SEBASTIAN CHRISTIAN CHURCH, INC.

Principal Place of Business

Mailing Address

190 DAY DRIVE
 SEBASTIAN FL 32958
 US

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

32958

Country

United States

Zip

32958

Country

United States

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

MILLEN, WILLIAM E
 1026 21 ST COURT
 VERO BEACH FL 32960

Name **WILLIAM E. MILLER**

Street Address (P.O. Box Numbers Not Acceptable)

1026 21st COURT

City

VERO BEACH

FL

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

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

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

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAME	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAME	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAME	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

William E. Miller

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/11/02

Daytime Phone #

CP2E037 (9/01)