


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

FILED
Feb 09, 2005 08:00 AM
Secretary of State

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	3. Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State	City & State	
Zip	Country	Country



1st MOORE CR2E037 (10/04)

4. FEI Number 59-2301880	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MILLER, WILLIAM S 1026 21 ST COURT VERO BEACH FL 32960	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 _____ (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. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	D PREIKSCHAT, BOB 604 AMARYLLIS DR BAREFOOT BAY FL	TITLE	000000222362 02/09/05-80072-017 61.25
NAME	<input type="checkbox"/> Delete	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE	D MILLER, WILLIAM E 1026 21ST CT VERO BEACH FL	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<input type="checkbox"/> Delete	NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE	D HESS, FRED 437 CONCHA DR SEBASTIAN FL	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<input type="checkbox"/> Delete	NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE	D GUY, THOMAS A 640 10TH ST. SW VERO BEACH FL 32962	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<input type="checkbox"/> Delete	NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<input type="checkbox"/> Delete	NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<input type="checkbox"/> Delete	NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		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)(f), 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:  2/6/05 772-388-0410

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #