


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 16, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 769111</b> 1. Entity Name SEBASTIAN CHRISTIAN CHURCH, INC.	
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Principal Place of Business 190 DAY DRIVE SEBASTIAN, FL 32958 US	Mailing Address 190 DAY DRIVE SEBASTIAN, FL 32958
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**DO NOT WRITE IN THIS SPACE**



01132008 No Chg-NP CR2E037 (4/06)

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

**6. Name and Address of Current Registered Agent**

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

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_

**Filing Fee is \$81.25**  
**Due by May 1, 2008**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PREIKSCHAT, BOB 604 AMARYLLIS DR BAREFOOT BAY, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILLIAM, MILLER E 1026 21ST CT VERO BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HESS, FRED 437 CONCHA DR SEBASTIAN, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GUY, THOMAS A 640 10TH ST. SW VERO BEACH, FL 32962
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000786406  
 01/17/08-80040-005 61.25

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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:**  **1/13/08**

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