

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 20 AM 11:25

DOCUMENT # N19616 (4)

1. Corporation Name

FIRST PRESBYTERIAN CHURCH OF SEBASTIAN, INCORPORATED

Principal Place of Business

Mailing Address

1405 LOUISIANA AVE
P.O. BOX 781689
SEBASTIAN FL 32978-8689

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P.O. BOX 781689
SEBASTIAN FL 32978-8689

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 03/10/1987
3a. Date of Last Report 03/15/1994

4. FEI Number 59-2734445
Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

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

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status \$68.75 Supplemental Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of Now Registered Agent

SWOPE, DONALD E.
1405 LOUISIANA AVE
SEBASTIAN FL 32958

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 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when retreating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ED
NAME MORROW, J ROBERT
STREET ADDRESS 533 LAYPORT DR
CITY-ST-ZIP SEBASTIAN FL

1.1 TITLE <ED
1.2 NAME BETTY HERR
1.3 STREET ADDRESS 904 JACARANDA DRIVE
1.4 CITY-ST-ZIP BAREFOOT BAY FL 32976
 Change Addition

TITLE ED
NAME SPEAR, SAMUEL
STREET ADDRESS 518 LAYPORT DR.
CITY-ST-ZIP SEBASTIAN FL

2.1 TITLE <ED
2.2 NAME ELEANOR WANNOP
2.3 STREET ADDRESS 616 N EGRET CIRCLE
2.4 CITY-ST-ZIP BAREFOOT BAY FL 32976
 Change Addition

TITLE ED
NAME GAIJO, BETTY
STREET ADDRESS 1128 NAVAJO DR
CITY-ST-ZIP BAREFOOT BAY FL

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
 Change Addition

TITLE ED
NAME MACLEOD, WILLIAM
STREET ADDRESS 973 GEORGE STR
CITY-ST-ZIP SEBASTIAN FL

4.1 TITLE <ED
4.2 NAME EDWIN HOOVER
4.3 STREET ADDRESS 7475 BLACKHAWK ROAD
4.4 CITY-ST-ZIP MICCO FL 32976
 Change Addition

TITLE ED
NAME YAUGER, LENORA
STREET ADDRESS 1102 BREEZY WAY
CITY-ST-ZIP SEBASTIAN FL

5.1 TITLE <ED
5.2 NAME CARL ELLISON
5.3 STREET ADDRESS 5705 GARRETTS ROAD
5.4 CITY-ST-ZIP MICCO FL 32976
 Change Addition

TITLE ED
NAME STINCHFIELD, RICHARD
STREET ADDRESS 801 SE CASHW CIR
CITY-ST-ZIP BAREFOOT BAY FL

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP
 Change 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 119.07(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 in writing; 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 12 or Block 13 if changed, or in an attachment with an address.

SIGNATURE:

Carl Ellison 2-14-95 407-589-5656
Signature and typed or printed name of signing officer or director Date (Month/Year)