

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

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

3. Date Incorporated or Qualified
03/10/1987

3a. Date of Last Report
02/20/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SWOPE, DONALD E.
1405 LOUISIANA AVE
SEBASTIAN FL 32958

81 Name
*CAROL G. WISE

82 Street Address (P.O. Box Number is Not Acceptable)
1405 LOUISIANA AVENUE

83

84 City
SEBASTIAN FL 32958 FL

85 Zip Code
32958

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Carol G. Wise

3-12-96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DELETE

1.1 TITLE Change Addition

NAME HERR, BETTY
STREET ADDRESS 904 JACARANDA DRIVE
CITY-ST-ZIP BAREFOOT BAY FL

1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE DELETE

2.1 TITLE Change Addition

NAME WANNOP, ELEANOR
STREET ADDRESS 616 N. EGRET CIRCLE
CITY-ST-ZIP BAREFOOT BAY FL

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE DELETE

3.1 TITLE Change Addition

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

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE DELETE

4.1 TITLE Change Addition

NAME HOOVER, EDWIN
STREET ADDRESS 7475 BLACKHAWK ROAD
CITY-ST-ZIP MICCO FL

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE DELETE

5.1 TITLE Change Addition

NAME ELLISON, CARL
STREET ADDRESS 5705 GARRETT'S ROAD
CITY-ST-ZIP MICCO FL

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE DELETE

6.1 TITLE Change Addition

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

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

ED WISE, CAROL G.
6118 RIVER RUN DRIVE
SEBASTIAN FL 32958

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 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Carol G. Wise

3-12-96 (407) 234-5500

Date

Daytime Phone #

564-5-96

CR2E037 (12/95)