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Mar 21 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N19616 (4)
1. Corporation Name
FIRST PRESBYTERIAN CHURCH OF SEBASTIAN, INCORPORATED



Principal Place of Business 1405 LOUISIANA AVE P.O. BOX 781689 SEBASTIAN FL 32978-8689	Mailing Address 1405 LOUISIANA AVE P.O. BOX 781689 SEBASTIAN FL 32978-1689
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3. Date Incorporated or Qualified 03/10/1987	3a. Date of Last Report 04/05/1996
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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4. FEI Number 59-2734445	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**WISE, CAROL G
1405 LOUISIANA AVE
SEBASTIAN FL 32958**

10. Name and Address of New Registered Agent
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 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	ED	<input type="checkbox"/> DELETE
NAME	HERR, BETTY	
STREET ADDRESS	904 JACARANDA DRIVE	
CITY-ST-ZIP	BAREFOOT BAY FL	
TITLE	ED	<input type="checkbox"/> DELETE
NAME	WANNOP, ELEANOR	
STREET ADDRESS	618 N. EGRET CIRCLE	
CITY-ST-ZIP	BAREFOOT BAY FL	
TITLE	ED	<input checked="" type="checkbox"/> DELETE
NAME	WANNOP, ELEANOR	
STREET ADDRESS	618 N. EGRET CIRCLE	
CITY-ST-ZIP	BAREFOOT BAY FL	
TITLE	ED	<input type="checkbox"/> DELETE
NAME	HOOVER, EDWIN	
STREET ADDRESS	7475 BLACKHAWK ROAD	
CITY-ST-ZIP	MICCO FL	
TITLE	ED	<input type="checkbox"/> DELETE
NAME	ELLISON, CARL	
STREET ADDRESS	5705 GARRETT'S ROAD	
CITY-ST-ZIP	MICCO FL	
TITLE	ED	<input type="checkbox"/> DELETE
NAME	WISE, CAROL G	
STREET ADDRESS	6118 RIVER RUN DR	
CITY-ST-ZIP	SEBASTIAN FL 32958	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	ED SANDRA AUGUST
3.3 STREET ADDRESS	374 MAIN STREET
3.4 CITY-ST-ZIP	SEBASTIAN FL 32958
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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 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: Carol G. Wise 3/11/97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0021098

CR2E037 (9/96)