

FILE NOW: FILING FEE IS \$61.25

FILED  
Mar 23 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> 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 <b>1405 LOUISIANA AVE P.O. BOX 781689 SEBASTIAN FL 32978-8689</b>	Mailing Address <b>1405 LOUISIANA AVE P.O. BOX 781689 SEBASTIAN FL 32978-8689</b>
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3. Date Incorporated or Qualified  
**03/10/1987**

4. FEI Number  
**59-2734445**

Applied For	<input type="checkbox"/>
Not Applicable	<input type="checkbox"/>

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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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. Is this nonprofit corporation a homeowners association?  
 Yes  No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  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	<b>FL</b>
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	<b>ED</b>	<input type="checkbox"/> DELETE
NAME	<b>HERR, BETTY</b>	
STREET ADDRESS	<b>904 JACARANDA DRIVE</b>	
CITY-ST-ZIP	<b>BAREFOOT BAY FL</b>	
TITLE	<b>ED</b>	<input type="checkbox"/> DELETE
NAME	<b>WANNOP, ELEANOR</b>	
STREET ADDRESS	<b>616 N. EGRET CIRCLE</b>	
CITY-ST-ZIP	<b>BAREFOOT BAY FL</b>	
TITLE	<b>ED</b>	<input type="checkbox"/> DELETE
NAME	<b>AUGUST, SANDRA</b>	
STREET ADDRESS	<b>374 MAIN ST</b>	
CITY-ST-ZIP	<b>SEBASTIAN FL</b>	
TITLE	<b>ED</b>	<input type="checkbox"/> DELETE
NAME	<b>HOOVER, EDWIN</b>	
STREET ADDRESS	<b>7475 BLACKHAWK ROAD</b>	
CITY-ST-ZIP	<b>MICCO FL</b>	
TITLE	<b>ED</b>	<input type="checkbox"/> DELETE
NAME	<b>ELLISON, CARL</b>	
STREET ADDRESS	<b>5705 GARRETT'S ROAD</b>	
CITY-ST-ZIP	<b>MICCO FL</b>	
TITLE	<b>ED</b>	<input type="checkbox"/> DELETE
NAME	<b>WISE, CAROL G</b>	
STREET ADDRESS	<b>6118 RIVER RUN DR</b>	
CITY-ST-ZIP	<b>SEBASTIAN FL 32958</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>ED</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>Richard Rowe</b>	
1.3 STREET ADDRESS	<b>556 Cross Creek Circle</b>	
1.4 CITY-ST-ZIP	<b>Sebastian, FL 32958</b>	
2.1 TITLE	<b>ED</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>Frank Royce</b>	
2.3 STREET ADDRESS	<b>446 Barefoot Blvd.</b>	
2.4 CITY-ST-ZIP	<b>Barefoot Bay, FL 32976</b>	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	<b>ED</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<b>Robert Wannop</b>	
4.3 STREET ADDRESS	<b>616 N. Egret Circle</b>	
4.4 CITY-ST-ZIP	<b>Barefoot Bay, FL 32976</b>	
5.1 TITLE	<b>ED</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	<b>Donato De Robertis</b>	
5.3 STREET ADDRESS	<b>550 Michael St.</b>	
5.4 CITY-ST-ZIP	<b>Sebastian, FL 32958</b>	
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 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* 3-13-98 561/589-5656

CR2E037 (10/97)