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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N19616

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 32978-8689
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 03/10/1987
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2734445
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

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 Melinda Serafin 82 Street Address (P.O. Box Number is Not Acceptable) 1405 Louisiana Ave. 83 84 City Sebastian FL 85 Zip Code 32958
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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 Melinda Serafin 3/9/99
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE ED	NAME ROWE, RICHARD	1.1 TITLE	
STREET ADDRESS 556 CROSS CREEK CIRCLE	CITY-ST-ZIP SEBASTIAN FL 32958	1.2 NAME	
TITLE ED	NAME ROYCE, FRANK	1.3 STREET ADDRESS	
STREET ADDRESS 446 BAREFOOT BLVD	CITY-ST-ZIP BAREFOOT BAY FL 32976	1.4 CITY-ST-ZIP	
TITLE ED	NAME AUGUST, SANDRA	2.1 TITLE	ED <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 374 MAIN ST	CITY-ST-ZIP SEBASTIAN FL	2.2 NAME	Wood, Blanche
TITLE ED	NAME WANNOP, ROBERT	2.3 STREET ADDRESS	3520 Jonquil Lane
STREET ADDRESS 616 N EGRET CIRCLE	CITY-ST-ZIP BAREFOOT BAY FL 32976	2.4 CITY-ST-ZIP	Micco, FL 32976
TITLE ED	NAME DE ROBERTIS, DONATO	3.1 TITLE	ED <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 550 MICHAEL ST	CITY-ST-ZIP SEBASTIAN FL 32958	3.2 NAME	Roy, Kendra
TITLE ED	NAME WISE, CAROL G	3.3 STREET ADDRESS	7668 Kyak Court
STREET ADDRESS 6118 RIVER RUN DR	CITY-ST-ZIP SEBASTIAN FL 32958	3.4 CITY-ST-ZIP	Micco, FL 32976
TITLE ED	NAME SERAFIN, MELINDA	4.1 TITLE	
STREET ADDRESS 660 JORDAN AVE.	CITY-ST-ZIP SEBASTIAN FL 32958	4.2 NAME	
TITLE ED	NAME SERAFIN, MELINDA	4.3 STREET ADDRESS	
STREET ADDRESS 660 JORDAN AVE.	CITY-ST-ZIP SEBASTIAN FL 32958	4.4 CITY-ST-ZIP	
TITLE ED	NAME SERAFIN, MELINDA	5.1 TITLE	
STREET ADDRESS 660 JORDAN AVE.	CITY-ST-ZIP SEBASTIAN FL 32958	5.2 NAME	
TITLE ED	NAME SERAFIN, MELINDA	5.3 STREET ADDRESS	
STREET ADDRESS 660 JORDAN AVE.	CITY-ST-ZIP SEBASTIAN FL 32958	5.4 CITY-ST-ZIP	
TITLE ED	NAME SERAFIN, MELINDA	6.1 TITLE	ED <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 660 JORDAN AVE.	CITY-ST-ZIP SEBASTIAN FL 32958	6.2 NAME	Serafin, Melinda
TITLE ED	NAME SERAFIN, MELINDA	6.3 STREET ADDRESS	660 Jordan Ave.
STREET ADDRESS 660 JORDAN AVE.	CITY-ST-ZIP SEBASTIAN FL 32958	6.4 CITY-ST-ZIP	Sebastian, FL 32958

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, with all other like empowered.

SIGNATURE: Melinda Serafin 3/9/99 561/589-5656
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/98)