

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N19616

1. Entity Name

FIRST PRESBYTERIAN CHURCH OF SEBASTIAN, INCORPOR

FILED
Feb 29, 2000 8:00 am
Secretary of State

02-29-2000 90157 047 ****61.25

Principal Place of Business

Mailing Address

1405 LOUISIANA AVE
 P.O. BOX 781689
 SEBASTIAN FL 32978-6689

1405 LOUISIANA AVE
 P.O. BOX 781689
 SEBASTIAN FL 32978-1689

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2734445

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional
 Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

WISE, CAROL G
 1405 LOUISIANA AVE
 SEBASTIAN FL 32958

7. Name and Address of New Registered Agent

Name **Melinda Serafin**
 Street Address (P.O. Box Number is Not Acceptable)
1405 Louisiana Ave.
 City **Sebastian** FL Zip Code **32958**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

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

(NOTE: Registered Agent signature required when reinstating)

2/17/00
 DATE

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

TITLE	ED	<input type="checkbox"/> Delete
NAME	ROWE, RICHARD	
STREET ADDRESS	556 CROSS CREEK CIRCLE	
CITY-ST-ZIP	SEBASTIAN FL 32958	
TITLE	ED	<input type="checkbox"/> Delete
NAME	WOOD, BLANCHE	
STREET ADDRESS	3520 JONQUIL LANE	
CITY-ST-ZIP	MICCO FL	
TITLE	ED	<input type="checkbox"/> Delete
NAME	ROY, KENDRA	
STREET ADDRESS	7668 KYAK COURT	
CITY-ST-ZIP	MICCO FL	
TITLE	ED	<input type="checkbox"/> Delete
NAME	WANNOP, ROBERT	
STREET ADDRESS	616 N EGRET CIRCLE	
CITY-ST-ZIP	BAREFOOT BAY FL 32976	
TITLE	ED	<input type="checkbox"/> Delete
NAME	DE ROBERTIS, DONATO	
STREET ADDRESS	550 MICHAEL ST	
CITY-ST-ZIP	SEBASTIAN FL 32958	
TITLE	ED	<input type="checkbox"/> Delete
NAME	SERAFIN, MELINDA	
STREET ADDRESS	660 JORDAN AVE	
CITY-ST-ZIP	SEBASTIAN FL 32958	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	ED	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Henderson, Neal	
STREET ADDRESS	702 Lake Dr.	
CITY-ST-ZIP	Sebastian, Fl. 32958	
TITLE	ED	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Brillhart, Clark	
STREET ADDRESS	662 Jenkins St.	
CITY-ST-ZIP	Sebastian, Fl. 32958	
TITLE	ED	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Jaynes, John	
STREET ADDRESS	105 Melton Ave.	
CITY-ST-ZIP	Sebastian, Fl. 32958	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Melinda Serafin Melinda Serafin 2/17/00 (561) 589-5656
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

007 00007

CR2E037 (9/99)