

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 13, 2001 8:00 am
Secretary of State

03-13-2001 90064 042 ****61.25

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DOCUMENT # N19616

1. Entity Name

FIRST PRESBYTERIAN CHURCH OF SEBASTIAN, INCORPOR

Principal Place of Business

Mailing Address

1405 LOUISIANA AVE
 P.O. BOX 781689
 SEBASTIAN FL 32978-8689

1405 LOUISIANA AVE
 P.O. BOX 781689
 SEBASTIAN FL 32978-8689

930359



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2734445

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SERAFIN, MELINDA
 1405 LOUISIANA AVE
 SEBASTIAN FL 32958

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 _____

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

(NOTE: Registered Agent signature required when reinstating)

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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	HENDERSON, NEAL	
STREET ADDRESS	702 LAKE DR.	
CITY-ST-ZIP	SEBASTIAN FL 32958	
TITLE	ED	<input type="checkbox"/> Delete
NAME	BRILLHART, CLARK	
STREET ADDRESS	662 JENKINS ST.	
CITY-ST-ZIP	SEBASTIAN FL 32958	
TITLE	ED	<input type="checkbox"/> Delete
NAME	JAYNES, JOHN	
STREET ADDRESS	105 MELTON AVE	
CITY-ST-ZIP	SEBASTIAN FL 32958	
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	

TITLE	ED	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Clement, Judy	
STREET ADDRESS	302 Easy Street	
CITY-ST-ZIP	Sebastian, Fl. 32958	
TITLE	ED	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Terry; Richard	
STREET ADDRESS	561 Barber St.	
CITY-ST-ZIP	Sebastian, Fl. 32958	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	ED	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Letrick, Betty	
STREET ADDRESS	113 Arcadia Dr.	
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* **SIGNATURE REQUIRED** *Melinda Serafin* 3/8/01 (561) 589-5656

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)