



**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 24, 2005 8:00 am**  
**Secretary of State**

03-24-2005 90049 027 \*\*\*\*61.25

<b>DOCUMENT # N19616</b>					
1. Entity 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			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-2734445	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent			
GILTINAN, JOAN C 461 AZINE TERRACE SEBASTIAN, FL 32958		Name			
		Street Address (P.O. Box Number is Not Acceptable)			
		City		Zip Code <b>FL</b>	
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	ED	<input checked="" type="checkbox"/> Delete	TITLE	ED, SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CLEMENT, JUDY		NAME	MCGLOTHLIN, JORIS	
STREET ADDRESS	302 EASY STREET		STREET ADDRESS		
CITY-ST-ZIP	SEBASTIAN, FL 32958		CITY-ST-ZIP	SEBASTIAN, FL 32958	
TITLE	ED	<input type="checkbox"/> Delete	TITLE	ED, TREASURER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ABMA, KLAAS		NAME		
STREET ADDRESS	337 EGRET CIRCLE		STREET ADDRESS		
CITY-ST-ZIP	SEBASTIAN, FL 32976		CITY-ST-ZIP		
TITLE	ED	<input type="checkbox"/> Delete	TITLE	ED, PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRILLHART, CLARK		NAME		
STREET ADDRESS	662 JENKINS ST.		STREET ADDRESS		
CITY-ST-ZIP	SEBASTIAN, FL 32958		CITY-ST-ZIP		
TITLE	ED	<input checked="" type="checkbox"/> Delete	TITLE	ED, VICE PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ELLISON, CARL		NAME	NAFZIGER, RICHARD	
STREET ADDRESS	5705 GARRETT'S ROAD		STREET ADDRESS	420 CHALOUPPE TERRACE	
CITY-ST-ZIP	SEBASTIAN, FL 32976		CITY-ST-ZIP	SEBASTIAN, FL 32958	
TITLE	ED	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KNOWLES, DAISY		NAME		
STREET ADDRESS	8308 BROWN ROAD		STREET ADDRESS		
CITY-ST-ZIP	SEBASTIAN, FL 32976		CITY-ST-ZIP		
TITLE	ED	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KIMMEL, JOAN		NAME		
STREET ADDRESS	210 DELMONTE ROAD		STREET ADDRESS		
CITY-ST-ZIP	SEBASTIAN, FL 32958		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: 		CLARK BRILLHART		3/14/05 772 388 9727	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small>	