

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90362 016 ****61.25

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DOCUMENT # N19616					
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 481 AZINE TERRACE 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE		<i>Joan C. Giltinan</i>		DATE	
		(NOTE: Registered Agent signature required when reinstating)		15 April 2006	
Filing Fee is \$61.25 Due by May 1, 2006		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	EDS	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCGLÖTHLIN, DORIS		NAME		
STREET ADDRESS	302 EASY STREET		STREET ADDRESS		
CITY - ST - ZIP	SEBASTIAN, FL 32958		CITY - ST - ZIP		
TITLE	EDT	<input checked="" type="checkbox"/> Delete	TITLE	EDT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ABMA, KLAAS		NAME	LEA, BRUCE	
STREET ADDRESS	337 EGRET CIRCLE		STREET ADDRESS	103 HARBOR POINT DR	
CITY - ST - ZIP	SEBASTIAN, FL 32976		CITY - ST - ZIP	SEBASTIAN, FL 32958	
TITLE	EDP	<input checked="" type="checkbox"/> Delete	TITLE	EDVP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BRILLHART, CLARK		NAME	EARNSHAW, VIRGINIA	
STREET ADDRESS	662 JENKINS ST.		STREET ADDRESS	591 RED WOOD CT.	
CITY - ST - ZIP	SEBASTIAN, FL 32958		CITY - ST - ZIP	SEBASTIAN, FL 32958	
TITLE	ED	<input type="checkbox"/> Delete	TITLE	EDP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NAFOGER, RICHARD		NAME	NAFZIGER, RICHARD	
STREET ADDRESS	40 CHALOUBE TERR		STREET ADDRESS	420 CHALOUBE TERR.	
CITY - ST - ZIP	SEBASTIAN, FL 32958		CITY - ST - ZIP	SEBASTIAN, FL 32958	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:		<i>Richard D. Nafziger</i>		DATE	
		SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		4-15-06	
				Daytime Phone #	