


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2007 8:00 am
Secretary of State

01-22-2007 90105 034 ****61.25

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 - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-2734445	
Zip		Country		Applied For Not Applicable	
				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		
			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2007		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 checked="" type="checkbox"/> Delete	TITLE	EDS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCGLOTHLIN, DORIS		NAME	BAYSINGER, JUDY	
STREET ADDRESS	302 EASY STREET		STREET ADDRESS	173 COLUMBUS STREET	
CITY-ST-ZIP	SEBASTIAN, FL 32958		CITY-ST-ZIP	SEBASTIAN, FL 32958	
TITLE	EDT	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEA, BRUCE		NAME		
STREET ADDRESS	103 HARBOR POINT DR		STREET ADDRESS		
CITY-ST-ZIP	SEBASTIAN, FL 32958		CITY-ST-ZIP		
TITLE	EDVP	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EARNSHAW, VIRGINIA		NAME		
STREET ADDRESS	591 REDWOOD CT		STREET ADDRESS		
CITY-ST-ZIP	SEBASTIAN, FL 32958		CITY-ST-ZIP		
TITLE	EDP	<input checked="" type="checkbox"/> Delete	TITLE	EDP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NAFZIGER, RICHARD		NAME	NAFZIGER, JUDY	
STREET ADDRESS	420 CHALOUPPE TERRACE		STREET ADDRESS	420 CHALOUPPE TERRACE	
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>Bruce Lea</i>			Date: 1/18/07		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			772-589-5656 Daytime Phone #		