



2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 17, 2008 8:00 am
Secretary of State

07-17-2008 90061 001 ****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			
Zip		Country		07102008 Chg-NP CR2E037 (12/06) 4. FEI Number 59-2734445 Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
GILTINAN, JOAN C 461 AZINE TERRACE SEBASTIAN, FL 32958		Name Jane Capo Street Address (P.O. Box Number is Not Acceptable) 301 Jettie Terrace 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE 		SIGNATURE Jane M. Capo		DATE 7/13/08	
Filing Fee is \$61.25 Due by September 12, 2008		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 type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BAYSINGER, JUDY		NAME	Jane Capo	
STREET ADDRESS	173 COLUMBUS STREET		STREET ADDRESS	301 Jettie Terrace	
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 type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NAFZIGER, JUDY		NAME		
STREET ADDRESS	420 CHALOUPPE TERRACE		STREET ADDRESS		
CITY-ST-ZIP	SEBASTIAN, FL 32958		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		
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: 		SIGNATURE Jane M. Capo		DATE 7/13/08	
				772-589-5656	
				Daytime Phone #	