

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N26532 (4)**
1. Corporation Name
SEBASTIAN FIRST CHURCH OF THE NAZARENE, INC.



Principal Place of Business Mailing Address
50 S. WIMBROW DR. SEBASTIAN FL 32958 **50 S. WIMBROW DR. SEBASTIAN FL 32958**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 05/20/1988		3a. Date of Last Report 03/02/1995	
21 50 S Wimbrow DR.		26 50 S Wimbrow DR.		4. FEI Number 65-0056895		Applied For Not Applicable	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
23 Sebastian Florida		28 Sebastian Florida		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 32958		25 Indian River		29 32958		30 Indian River	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			

**DEWEY, MERRIL E.
421 GEORGIA BLVD.
SEBASTIAN FL 32958**

81 Name **Michael E. Lyle**
82 Street Address (P.O. Box Number is Not Acceptable)
421 Georgia Blvd.
83 **Sebastian Fla.**
84 **FL** 85 **32958**
City Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE *Michael E. Lyle* **Michael E. Lyle** **1/17/96**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input checked="" type="checkbox"/> DELETE	1.1 TITLE	Pastor <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DEWEY, MERRIL E.	1.2 NAME	Michael E Lyle
STREET ADDRESS	421 GEORGIA BLVD	1.3 STREET ADDRESS	421 Georgia Blvd.
CITY-ST-ZIP	SEBASTIAN FL	1.4 CITY-ST-ZIP	Sebastian Fla. 32958
TITLE	T <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SUMMERS, CAROL A.	2.2 NAME	
STREET ADDRESS	159 KILDARE DR.	2.3 STREET ADDRESS	
CITY-ST-ZIP	SEBASTIAN FL	2.4 CITY-ST-ZIP	
TITLE	S <input checked="" type="checkbox"/> DELETE	3.1 TITLE	S. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FUGEL, KAREN	3.2 NAME	Carol A. Summers
STREET ADDRESS	1221 CALUSA DR.	3.3 STREET ADDRESS	159 Kildare Dr
CITY-ST-ZIP	BAREFOOT BAY FL 32976	3.4 CITY-ST-ZIP	Sebastian, FL 32958
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHALM, ED	4.2 NAME	
STREET ADDRESS	76 N MULBERRY ST	4.3 STREET ADDRESS	
CITY-ST-ZIP	FELLSMERE FL	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TRAVIS, KEN	5.2 NAME	
STREET ADDRESS	1544 COWNIE LANE	5.3 STREET ADDRESS	
CITY-ST-ZIP	SEBASTIAN FL 32958	5.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	6.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GEHRKE, RONALD	6.2 NAME	JEFF Green
STREET ADDRESS	112 INDIAN DR	6.3 STREET ADDRESS	76 N. Mulberry St.
CITY-ST-ZIP	SEBASTIAN FL	6.4 CITY-ST-ZIP	Fellsmere, FL 32948

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(K), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Michael E. Lyle* **Michael E. Lyle** **1/17/96** **589-1511**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)