


FILE NOW: FILING FEE IS \$61.25

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Feb 22, 1999 8:00 am
Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N26532

1. Corporation Name

SEBASTIAN FIRST CHURCH OF THE NAZARENE, INC.

Principal Place of Business

50 S. WIMBROW DR.
SEBASTIAN FL 32958

Mailing Address

50 S. WIMBROW DR.
SEBASTIAN FL 32958



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		05/20/1988	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		65-0056895	
24 Country		29 Country		30 Country	
5. Certificate of Status Desired				<input type="checkbox"/> \$8.75 Additional Fee Required <input type="checkbox"/> \$5.00 May Be Added to Fees	
6. Election Campaign Financing				<input type="checkbox"/> Trust Fund Contribution	

9. Name and Address of Current Registered Agent

LYLE, MICHAEL E
421 GEORGIA BLVD.
SEBASTIAN FL 32958

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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*

(NOTE: Registered Agent signature required when reinstating)

DATE 1/12/99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LYLE, MICHAEL E	1.2 NAME	
STREET ADDRESS	421 GEORGIA BLVD	1.3 STREET ADDRESS	
CITY-ST-ZIP	SEBASTIAN FL	1.4 CITY-ST-ZIP	
TITLE	T	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SUMMERS, CAROL A.	2.2 NAME	865 George St
STREET ADDRESS	159 KILDARE DR.	2.3 STREET ADDRESS	
CITY-ST-ZIP	SEBASTIAN FL	2.4 CITY-ST-ZIP	
TITLE	S	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SUMMERS, CAROL A	3.2 NAME	865 GEORGE ST
STREET ADDRESS	159 KILDARE DR	3.3 STREET ADDRESS	
CITY-ST-ZIP	SEBASTIAN FL	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHALM, ED	4.2 NAME	7720 96th CR
STREET ADDRESS	76 N MULBERRY ST	4.3 STREET ADDRESS	VERO BEACH FL 32967
CITY-ST-ZIP	FELLSMERE FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TRAVIS, KEN	5.2 NAME	766 CARNATION DR
STREET ADDRESS	1544 COWNIE LANE	5.3 STREET ADDRESS	
CITY-ST-ZIP	SEBASTIAN FL 32958	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GREEN, JEFF	6.2 NAME	PO BOX 1262
STREET ADDRESS	76 N MULBERRY ST	6.3 STREET ADDRESS	ROSELAND FL 32957
CITY-ST-ZIP	FELLSMERE FL	6.4 CITY-ST-ZIP	

14. 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 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, with all other like empowered.

SIGNATURE: *Michael E Lyle* **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/12/99

Date

589-4935

Daytime Phone #

CR2E037 (1/98)