

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N28314

Entity Name: UNITED CHURCH OF SEBASTIAN, INC.

FILED
Feb 05, 2004
Secretary of State

Current Principal Place of Business:

C/O REV. THOMAS L. GOLLADAY
1251 FELLSMERE ROAD
SEBASTIAN, FL 32958

Current Mailing Address:

C/O REV. THOMAS L. GOLLADAY
1251 FELLSMERE ROAD
SEBASTIAN, FL 32958

New Principal Place of Business:

C/O REV. THOMAS L. GOLLADAY
1251 SEBASTIAN BOULEVARD
SEBASTIAN, FL 32958

New Mailing Address:

C/O REV. THOMAS L. GOLLADAY
1251 SEBASTIAN BOULEVARD
SEBASTIAN, FL 32958

FEI Number: 59-2771078

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GOLLADAY, THOMAS L.
1251 FELLSMERE ROAD
SEBASTIAN, FL 32958 US

Name and Address of New Registered Agent:

GOLLADAY, THOMAS L.
1251 SEBASTIAN BOULEVARD
SEBASTIAN, FL 32958 US

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.

SIGNATURE: THOMAS L. GOLLADAY

02/05/2004

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: MATHER, KELLY
Address: 733 N. FISCHER CIRCLE
City-St-Zip: SEBASTIAN, FL 32958

Title: D () Delete
Name: PAGE, RICHARD
Address: 498 SEAGRASS AVE.
City-St-Zip: SEBASTIAN, FL 32958

Title: D () Delete
Name: REARDON, WILLIAM
Address: 117 CURTIS CIR.
City-St-Zip: SEBASTIAN, FL 32958

Title: P () Delete
Name: GOLLADAY, THOMAS L
Address: 1251 FELLSMERE ROAD
City-St-Zip: SEBASTIAN, FL 32958

Title: T () Delete
Name: SLATTERY, LOIS
Address: 1361 BARBER ST
City-St-Zip: SEBASTIAN, FL 32958

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: P (X) Change () Addition
Name: GOLLADAY, THOMAS L
Address: 1251 SEBASTIAN BOULEVARD
City-St-Zip: SEBASTIAN, FL 32958

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: THOMAS L. GOLLADAY

P

02/05/2004

Electronic Signature of Signing Officer or Director

Date