


**FILE NOW: FILING FEE IS \$61.25**

**FILED**

**Jan 28 1998 8:00am  
Secretary of State**

|   |   |   |
|---|---|---|
| NONPROFIT CORPORATION<br>ANNUAL REPORT<br><b>1998</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|---|---|---|

**DOCUMENT # N94000003577 (3)**  
1. Corporation Name

**THE OCEANSIDE EVANGELICAL FREE CHURCH OF SATELLITE BEACH, FLORIDA, INCORPORATED**



|   |   |
|---|---|
| Principal Place of Business<br><b>305 CASSIA BLVD.<br/>SATELLITE BEACH FL 32937</b> | Mailing Address<br><b>P.O. BOX 372364<br/>SATELLITE BEACH FL 32937<br/>US</b> |
|---|---|

|  |
|--|
| 3. Date Incorporated or Qualified<br><b>11/21/1958</b> |
|--|

|                                    |   |  |
|------------------------------------|---|--|
| 4. FEI Number<br><b>59-1876276</b> | Applied For<br><input type="checkbox"/> | Not Applicable<br><input type="checkbox"/> |
|------------------------------------|---|--|

|                                |                     |
|--------------------------------|---------------------|
| 2. Principal Place of Business | 2a. Mailing Address |
|--------------------------------|---------------------|

|                         |                         |
|-------------------------|-------------------------|
| 21. Suite, Apt. #, etc. | 26. Suite, Apt. #, etc. |
|-------------------------|-------------------------|

|                  |                  |
|------------------|------------------|
| 22. City & State | 27. City & State |
|------------------|------------------|

|         |         |         |         |
|---------|---------|---------|---------|
| 23. Zip | 28. Zip | Country | Country |
|---------|---------|---------|---------|

|         |             |         |             |
|---------|-------------|---------|-------------|
| 24. Zip | 25. Country | 29. Zip | 30. Country |
|---------|-------------|---------|-------------|

|   |                                       |
|---|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$8.75</b> Additional Fee Required |
|---|---------------------------------------|

|   |                                    |
|---|------------------------------------|
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | <b>\$5.00</b> May Be Added to Fees |
|---|------------------------------------|

|  |
|--|
| 7. Is this nonprofit corporation a homeowners association?<br><input type="checkbox"/> Yes <input type="checkbox"/> No |
|--|

|   |
|---|
| 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.<br><input type="checkbox"/> Yes <input type="checkbox"/> No |
|---|

**9. Name and Address of Current Registered Agent**

**10. Name and Address of New Registered Agent**

**ROWLAND, ROSS  
2701 BARROW ROAD  
MERRITT ISLAND FL 32952**

|  |              |
|--|--------------|
| 81. Name   | 85. Zip Code |
| 82. Street Address (P.O. Box Number Is Not Acceptable) | <b>FL</b>    |
| 83.  |              |
| 84. City   |              |

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**12. OFFICERS AND DIRECTORS**

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

|                |   |
|----------------|---|
| TITLE          | <b>C</b> <input type="checkbox"/> DELETE  |
| NAME           | <b>RATHBUN, ALLAN</b>                     |
| STREET ADDRESS | <b>140 AQUARIUS AVENUE SE</b>             |
| CITY-ST-ZIP    | <b>PALM BAY FL</b>                        |
| TITLE          | <b>T</b> <input type="checkbox"/> DELETE  |
| NAME           | <b>WESTBY, CLAIR</b>                      |
| STREET ADDRESS | <b>675 ROSEWOOD CT. APT. 3A</b>           |
| CITY-ST-ZIP    | <b>MELBOURNE FL 32935</b>                 |
| TITLE          | <b>S</b> <input type="checkbox"/> DELETE  |
| NAME           | <b>ZUEHL, MARION</b>                      |
| STREET ADDRESS | <b>240 QUEENS CT.</b>                     |
| CITY-ST-ZIP    | <b>SATELLITE BEACH FL</b>                 |
| TITLE          | <b>TD</b> <input type="checkbox"/> DELETE |
| NAME           | <b>LARSEN, WESLEY</b>                     |
| STREET ADDRESS | <b>311 3RD AVE.</b>                       |
| CITY-ST-ZIP    | <b>MELBOURNE BEACH FL 32951</b>           |
| TITLE          | <b>D</b> <input type="checkbox"/> DELETE  |
| NAME           | <b>ARJEMI, WILLIAM</b>                    |
| STREET ADDRESS | <b>2017 ADIRONDACK CIRCLE</b>             |
| CITY-ST-ZIP    | <b>MELBOURNE FL 32935</b>                 |
| TITLE          | <b>D</b> <input type="checkbox"/> DELETE  |
| NAME           | <b>BROWN, ERNEST</b>                      |
| STREET ADDRESS | <b>640 CAIMAN STREET</b>                  |
| CITY-ST-ZIP    | <b>SATELLITE BEACH FL</b>                 |

|                    |   |
|--------------------|---|
| 1.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME           |   |
| 1.3 STREET ADDRESS |   |
| 1.4 CITY-ST-ZIP    |   |
| 2.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME           |   |
| 2.3 STREET ADDRESS |   |
| 2.4 CITY-ST-ZIP    |   |
| 3.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME           |   |
| 3.3 STREET ADDRESS |   |
| 3.4 CITY-ST-ZIP    |   |
| 4.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME           |   |
| 4.3 STREET ADDRESS |   |
| 4.4 CITY-ST-ZIP    |   |
| 5.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME           |   |
| 5.3 STREET ADDRESS |   |
| 5.4 CITY-ST-ZIP    |   |
| 6.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME           |   |
| 6.3 STREET ADDRESS |   |
| 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)(f), 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 \_\_\_\_\_ as an attachment with an address.

SIGNATURE: *Wesley Larson* **Wesley Larson** on **1/13/98** (407) 777-1658

CR2E037 (10/97)