2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 05, 2007
Secretary of State

DOCUMENT# 715814

Entity Name: HOMEPORT CHRISTIAN CHURCH, INC.

Current Principal Place of Business:

5605 US I SOUTH
SAINT AUGUSTINE, FL 32086

New Principal Place of Business:

Current Mailing Address:

5605 US HWY 1 SOUTH
SAINT AUGUSTINE, FL 32086

New Mailing Address:

FEI Number: 59-6517602 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

COLEMAN, LINDA
1921 FOUR MILE ROAD
SAINT AUGUSTINE, FL 32084 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: GALLATIN, ROBERT
Address: 121 AEPEN RD
City-St-Zip: ST AUGUSTINE, FL 32086

Title: D ( ) Delete
Name: RENTFORD, FERN T
Address: 245 WILDWOOD DR. #11
City-St-Zip: SAINT AUGUSTINE, FL 32086

Title: D ( ) Delete
Name: READLE, ELMER L
Address: 103 DOGWOOD DR
City-St-Zip: ST AUGUSTINE, FL 32084

Title: T ( ) Delete
Name: KEANE, MELODY L
Address: 153 OSPREY ROAD
City-St-Zip: SAINT AUGUSTINE, FL 32086

Title: D ( ) Delete
Name: ELMER, READLE
Address: 103 DOGWOOD DR
City-St-Zip: ST. AUGUSTINE, FL 32080

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: GALLATIN, ROBERT
Address: 121 ASPEN RD
City-St-Zip: ST AUGUSTINE, FL 32086

Title: D (X) Change ( ) Addition
Name: WILSON, DONALD
Address: 4550 COUNTY ROAD 13 S.
City-St-Zip: ELKTON, FL 32033

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

Title: T (X) Change ( ) Addition
Name: COLEMAN, LINDA N
Address: 1921 FOUR MILE ROAD
City-St-Zip: SAINT AUGUSTINE, FL 32084

Title: D (X) Change ( ) Addition
Name: CLIFTON, JOHN
Address: 45 SURF DRIVE
City-St-Zip: ST. AUGUSTINE, FL 32080

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: LINDA COLEMAN T 02/05/2007

Electronic Signature of Signing Officer or Director — Date