

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 735923

FILED  
Apr 03, 2008  
Secretary of State

**Entity Name:** THE HARBOR AT HOLLEY ASSEMBLY OF GOD, INC.

**Current Principal Place of Business:**

4006 HWY 87  
NAVARRE, FL 32566

**New Principal Place of Business:**

**Current Mailing Address:**

4006 HWY 87  
NAVARRE, FL 32566

**New Mailing Address:**

**FEI Number:** 59-3548428

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

ROWAN, DENEEN L  
2079 ALFRED BLVD  
NAVARRE, FL 32566 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: PD ( ) Delete  
Name: COLEMAN, NORMAN G,  
Address: 9507 ACORN LANE  
City-St-Zip: NAVARRE, FL 32566

Title: D ( ) Delete  
Name: TURNER, MARK C  
Address: 2081 RIVER BIRCH RD.  
City-St-Zip: GULF BREEZE, FL 32563

Title: D ( ) Delete  
Name: TOLBERT, TEDDIE LAMAR  
Address: 3675 GINGER LANE  
City-St-Zip: NAVARRE, FL 32566

Title: D ( ) Delete  
Name: ROWAR, WENDELL M JR  
Address: 2079 ALFRED BLVD  
City-St-Zip: NAVARRE, FL 32566

Title: D ( ) Delete  
Name: CRAIG, JOSHUA  
Address: 2208 CALLE DE MARBELLA  
City-St-Zip: NAVARRE, FL 32566

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

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

I hereby certify that the information supplied with this filing does not qualify 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: NORMAN GREG COLEMAN

PD

04/03/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date