

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 769321 (1)

1. Corporation Name

HARBOR CITY CHURCH-BY-THE-SEA, INC.



Principal Place of Business

Mailing Address

**399 E EAU GALLIE BLVD.
MELBOURNE FL 32937**

**399 E EAU GALLIE BLVD.
MELBOURNE FL 32937**

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**THREADGILL, E. J.
541 YOUNG STREET
MELBOURNE FL 32935**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

Signature, typed or printed name of registered agent and the if applicable

(NOTE: Registered Agent Signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS-CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **P** ☐ DELETE
NAME **CUSICK, JIM**
STREET ADDRESS **1270 CEDAR LANE**
CITY-ST-ZIP **INDIALANTIC FL**

11 TITLE **P** ☒ Change ☐ Addition
12 NAME **Cusick, Jim**
13 STREET ADDRESS **4133 Deerwood Trail**
14 CITY-ST-ZIP **Melbourne, FL**

TITLE **V** ☐ DELETE
NAME **CUSICK, CAROL**
STREET ADDRESS **1270 CEDAR LANE**
CITY-ST-ZIP **INDIALANTIC FL**

21 TITLE **V** ☒ Change ☐ Addition
22 NAME **Cusick, Carol**
23 STREET ADDRESS **4133 Deerwood Trail**
24 CITY-ST-ZIP **Melbourne, FL**

TITLE **S** ☐ DELETE
NAME **CARRERA, CAROL**
STREET ADDRESS **2105 PLUMOSA WAY**
CITY-ST-ZIP **INDIALANTIC FL**

31 TITLE **D** ☒ Change ☐ Addition
32 NAME **McHenry, T.M.**
33 STREET ADDRESS **3075 Rio Palma S.**
34 CITY-ST-ZIP **Indialantic, FL**

TITLE **T** ☐ DELETE
NAME **THREADGILL, E. J.**
STREET ADDRESS **541 YOUNG STREET**
CITY-ST-ZIP **MELBOURNE FL**

41 TITLE **D** ☐ Change ☒ Addition
42 NAME **Schopke, Neil**
43 STREET ADDRESS **165 Lanternback Island Drive**
44 CITY-ST-ZIP **Satellite Beach, FL**

TITLE **D** ☐ DELETE
NAME **THREADGILL, GENE**
STREET ADDRESS **541 YOUNG STREET**
CITY-ST-ZIP **MELBOURNE FL**

51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

TITLE **D** ☐ DELETE
NAME **MCHENRY, T. M.**
STREET ADDRESS **2319 S. PARSONS AVE**
CITY-ST-ZIP **MELBOURNE FL**

61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jim Cusick

03/18/96

(407)773-0737

Date

Daytime Phone #

CR2E037 (12/95)