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

**NONPROFIT** CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(1)

Apr 22 1998 8:00am								
Secretary of State								

EII ED

HARBUR CITY CHUNCH-BY-THE-SEA, INC.									
Principal Place of Business Mailing Address									
399 E EAU GALLIE BLVD. MELBOURNE FL 32937  MELBOURNE FL 32937  MELBOURNE FL 32937							3. Date Incorporated or Qualified  07/12/1983  4. FEI Number  Applied For		
							4. FEI Number Applied For S9-2299265 Not Applicat	ole	
2. Principal P	ace of Business	2a. Mailing Address 26	<del></del>				5. Certificate of Status Desired S8.75 Additional Fee Regulred		
Suite, Apt	#, etc	Suite, Apt. #, etc. 27					6. Election Campaign Financing Trust Fund Contribution		
City & State	1	City & State					7. Is this nonprofit corporation a homeowners association?		
<b>23</b> Zip	Country	7 <sub>(p</sub>	0	ountry	,		8. This corporation owes or has paid the current year Intangible		
24	25	29	30				Personal Property Tax due June 30. Yes No		
	9. Name and Address of Curre	nt Registered Agent		_	T		10. Name and Address of New Registered Agent		
				81	Nam	ic			
	CAROL H			82	Stre	et Addre	ess (P.O. Box Number is Not Acceptable)		
	erwood trail Irne fl 32934			83				_	
111,22000	71112 12 02007			84	City		85 Zip Code		
				-	-				
office or ri agent Fail	to the provisions of Sections 617.050 egistered agent, or both, in the State in familiar with, and accept the oblig	02 and 617,1508, Florida Statul e of Florida Such change was a lations of, Section 617,0503, Flo	es, the authori orida S	above ized by Statutes	e-name the c s.	orporatio	oration submits this statement for the purpose of changing its registers ion's board of directors. I hereby accept the appointment as registered	i i	
	Signature typid or printed name of moistured ag	The second secon			ent signa	ure required	ed when reinstating) DATE		
12.		ID DIRECTORS	13.				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PT CHOICK TON	☐ DELETE		1 TITLE			Change Additi	0N	
NAME STREET ADORESS			2 NAME 3 STREET	ADDOCC					
CITY-ST-ZIP	MELBOURNE FL			a aineei 4 City-S		3			
TITLE	VT	DELETE	2.1 TITLE		II - ZIP		☐ Change ☐ Additi	on	
NAME	CUSICK, CAROL	<del></del>	2.2 NAME				_ • _		
STREET ADDRESS	4133 DEERWOOD TRAIL		2.	3 STREET	ADDRES	s			
CITY-ST-ZIP	MELBOURNE FL		2.	4 City-S	ST-ZIP	i			
TITLE	ST	DELETE	3.	1 TITLE			Change Additi	an	
NAME	SCHOPKE, NEIL		3.2 NAME						
STREET ADORESS	165 LANTERBACK ISLAND D	RIVE	3.3	3 STREET	ADDRES	s			
CITY-S1-ZIP	SATELUTE BEACH FL		3.4. C(TY		ST-ZIP				
TITLE	D	<b>₩</b> DELETE	4.1	1 TITLE			Change Additi	0n	
NAME	SCHOPKE, NEIL		4.2 %						
STREET ADDRESS	165 LANTERNBACK ISLAND	DRIVE	4.	3 STREET	ADDRES	S			
CITY - \$1 - ZIP	SATELLITE BEACH FL			4 CITY - S	St · ZIP				
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NAME				2 NAME					
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CITY-S1-ZIP		DELETE		4 CITY-S	ST-ZIP		Change Additi	inn.	
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NAME				2 NAME					
STREET ADDRESS			6.	3 STREET	ADDRES	s			

CITY-ST-ZIP

14. I horeby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 early 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.

Mal H Cusick CAROL H. CUSICK SIGNATURE:

4/13/98 (407)773-0737