

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000002537

FILED
Mar 20, 2006
Secretary of State

Entity Name: HARBOR BAPTIST CHURCH, INC.

Current Principal Place of Business:

428 TOMOKA AVE
ORMOND BEACH, FL 32174

New Principal Place of Business:

Current Mailing Address:

PO BOX 730967
ORMOND BEACH, FL 32173

New Mailing Address:

FEI Number: 59-3718881 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TODD, RONALD L
111 FIESTA CIR
ORMOND BEACH, FL 32174 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: PSD () Delete
Name: TODD, RONALD L PASTOR
Address: 111 FIESTA CIR
City-St-Zip: ORMOND BEACH, FL 32174

Title: D () Delete
Name: TAYLOR, MICHAEL C
Address: 250 RODEO ROAD
City-St-Zip: ORMOND BEACH, FL 32174

Title: TD () Delete
Name: DUCKETT, DOUGLAS R
Address: 225 RIVERBEND ROAD
City-St-Zip: ORMOND BEACH, FL 32174

Title: D () Delete
Name: OLTMAN, ARTHUR W
Address: 105 FIESTA CIR
City-St-Zip: ORMOND BEACH, FL 32174

Title: D () Delete
Name: DILLS, MATTHEW A
Address: 2838 HICKORY ST
City-St-Zip: BUNNELL, FL 32110

Title: () Delete
Name:
Address:
City-St-Zip:

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:

Title: D () Change (X) Addition
Name: CAFARCHIO, ANTHONYJ
Address: 16 LAKE VISTA WAY
City-St-Zip: ORMOND BEACH, FL 32174

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: RONALD L. TODD

PSD

03/20/2006

Electronic Signature of Signing Officer or Director

Date