

**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Apr 10, 2007  
Secretary of State**

DOCUMENT# N01000002537

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

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

Title: D      (X) Change ( ) Addition  
Name: HINDMAN, DAVID H  
Address: 860 RIVER OAK DR W  
City-St-Zip: ORMOND BEACH, FL 32174

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 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

PRES

04/10/2007

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

\_\_\_\_\_  
Date