

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 # **705451** (3)

1. Corporation Name

HARBOR CITY BAPTIST CHURCH, INC.



Principal Place of Business

Mailing Address

**2711 N. HARBOR CITY BLVD
MELBOURNE FL 32935
US**

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MELBOURNE FL 32935
US**

3. Date Incorporated or Qualified
04/11/1963

3a. Date of Last Report
04/26/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip 25 Country

29 Zip 30 Country

4. FEI Number

59-1025994

Applied For
Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐ **\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**LEFTWICH, JAMES L.
567 HILLSIDE COURT
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

James L. Leftwich
Signature typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when not stating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE
NAME **COLLINS, JESSE**
STREET ADDRESS **1340 BONAVENTURE DR.**
CITY-ST-ZIP **MELBOURNE FL**

TITLE **S** ☐ DELETE
NAME **LAWRENCE, LEE**
STREET ADDRESS **691 OAK RIDGE DRIVE**
CITY-ST-ZIP **INDIALANTIC FL**

TITLE **P** ☐ DELETE
NAME **LEFTWICH, JAMES L**
STREET ADDRESS **567 HILLSIDE COURT**
CITY-ST-ZIP **MELBOURNE, FL 32935**

TITLE **D** ☐ DELETE
NAME **WILSON, ROBERT**
STREET ADDRESS **643 WAVESIDE DRIVE**
CITY-ST-ZIP **MELBOURNE FL**

TITLE **VP** ☐ DELETE
NAME **KISH, MARC**
STREET ADDRESS **2003 APPALOOSA LANE**
CITY-ST-ZIP **MELBOURNE FL**

TITLE **D** ☐ DELETE
NAME **LAWRENCE, LARRY**
STREET ADDRESS **691 OAK RIDGE DRIVE**
CITY-ST-ZIP **INDIALANTIC FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **VP** ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE **D** ☒ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 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: **James L. Leftwich**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(407)254-8879

Date

Daytime Phone #

CR2E037 (12/95)