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Apr 09 1997 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1997**



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

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

Mailing Address

**2711 N HARBOR CITY BLVD  
MELBOURNE FL 32935-6249  
US**

3. Date Incorporated or Qualified  
**04/11/1963**

3a. Date of Last Report  
**04/22/1996**

2. Principal Place of Business

**21** Suite, Apt. #, etc.

2a. Mailing Address

**26** Suite, Apt. #, etc.

4. FEI Number  
**59-1025994**

Applied For  
Not Applicable

City & State

Zip Country

**23**

City & State

Zip Country

**28**

**30**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

1.1 TITLE **VP** ☒ Change ☒ Addition  
1.2 NAME **McGOVERN, JAMES**  
1.3 STREET ADDRESS **295 Maple Drive**  
1.4 CITY-ST-ZIP **Satellite Beach, FL 32937**

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

2.1 TITLE **S** ☒ Change ☒ Addition  
2.2 NAME **PELTON, BARBARA**  
2.3 STREET ADDRESS **1024 BYRD STREET**  
2.4 CITY-ST-ZIP **MELBOURNE, FL 32935**

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

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

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

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

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

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

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

6.1 TITLE ☒ Change ☐ Addition  
6.2 NAME **LAWRENCE, MERLE W. SR.**  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do hereby 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 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: *Merle W. Lawrence* **Merle W. Lawrence**

March 19, 1997

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # **0019558**

CR2E037 (9/96)