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**Feb 25, 1999 8:00 am**  
**Secretary of State**

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**NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # 705451**

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  
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified

04/11/1963

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

9. Name and Address of Current Registered Agent

**LEFTWICH, JAMES L.  
567 HILLSIDE COURT  
MELBOURNE FL 32935**

10. Name and Address of New Registered Agent

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

TITLE VP ☒ DELETE

NAME **MITCHELL, JEFFERY**  
STREET ADDRESS **2408 PARSONS AVE**  
CITY-ST-ZIP **MELBOURNE FL 32901**

TITLE S ☐ DELETE

NAME **PELTON, BARBARA**  
STREET ADDRESS **1024 BYRD STREET**  
CITY-ST-ZIP **MELBOURNE 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 D ☐ DELETE

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

TITLE D ☒ DELETE

NAME **LAWRENCE, MERLE W SR.**  
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 **TWEEDDALE, William F.**  
1.3 STREET ADDRESS **773 Brevity Avenue NE**  
1.4 CITY-ST-ZIP **Palm Bay, FL 32905**

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 D ☒ Change ☐ Addition

4.2 NAME **COLLINS, Jesse**  
4.3 STREET ADDRESS **1340 Bonaventure Drive**  
4.4 CITY-ST-ZIP **Melbourne, FL 32940**

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE D ☒ Change ☐ Addition

6.2 NAME **PELTON, Philip**  
6.3 STREET ADDRESS **1024 Byrd Street**  
6.4 CITY-ST-ZIP **Melbourne, FL 32935**

14. I 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)