

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**Feb 05, 2001 8:00 am**  
**Secretary of State**

02-05-2001 90003 023 \*\*\*\*61.25

**DOCUMENT # 705451**

1. Entity 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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-1025994**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional Fee Required.**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~LEFTWICH, JAMES L~~  
~~567 HILLSIDE COURT~~  
~~MELBOURNE FL 32935~~

**HERBERT L. ALLEN**  
**2000 HWY A1A, 2 FL**  
**IND. HAR. BCH, FL 32937**

Name

~~Herbert L. Allen~~

Street Address (P.O. Box Number is Not Acceptable)

~~2355 Pineapple Ave~~

~~Indianatic FL 32903~~

City

**FL**

Zip Code

8. 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:**  
**FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be**  
**Added to Fees**

**Make Check Payable to**  
**Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP TWEEDDALE, WILLIAM F 773 BREVITY AVE NE PALM BAY FL 32905	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PELTON, BARBARA 1024 BYRD STREET MELBOURNE FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LEFTWICH, JAMES L 567 HILLSIDE COURT MELBOURNE, FL 32935	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COLLINS, JESSE 1340 BONAVENTURE DR MELBOURNE FL 32940	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T KISH, MARC 2003 APPALOOSA LANE MELBOURNE FL 32934	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PELTON, PHILIP 1024 BYRD ST MELBOURNE FL 32940	<input checked="" type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	President John Sorensen 2719 Pineapple Ave Melbourne, FL 32935	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice-President Rudy Schaper 107 Tropic Place Rockledge FL 32955	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Sec Barbara Collins 1340 Bonaventure Drive Melbourne, FL 32935	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Billy Davidson 402 Thrush Drive Satellite Bch, FL 32935	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Ron Cunningham 1990 Bottlebrush Drive Melbourne, FL 32935	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Jesse Collins 1340 Bonaventure Drive Melbourne, FL 32935	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Jesse Collins*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/29/01  
Date

259-5075  
Daytime Phone #

CR2E037 (10/00)