

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 21, 2003 8:00 am**  
**Secretary of State**

02-21-2003 90215 035 \*\*\*\*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**



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-1025994**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**ALLEN, HERBERT L  
2000 HWY A1A 2 LF  
INAIAN HARBOR BEACH FL 32937**

Name

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

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. I am familiar with, and accept the obligations of registered agent.

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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input type="checkbox"/> Delete
NAME	SORENSEN, JOHN	
STREET ADDRESS	2719 PINEAPPLE AVE	
CITY-ST-ZIP	MELBOURNE FL 32935	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	SCHAPER, RUDY	
STREET ADDRESS	107 TROPIC PLACE	
CITY-ST-ZIP	ROCKLEDGE FL 32955	
TITLE	S	<input type="checkbox"/> Delete
NAME	CUNNINGHAM, ROXANNE S	
STREET ADDRESS	1990 BOTTLEBRUSH DRIVE	
CITY-ST-ZIP	MELBOURNE FL 32935	
TITLE	D	<input type="checkbox"/> Delete
NAME	DAVIDSON, BILLY	
STREET ADDRESS	402 THRUSH DRIVE	
CITY-ST-ZIP	SATELLITE BEACH FL 32935	
TITLE	D	<input type="checkbox"/> Delete
NAME	CUNNINGHAM, RON	
STREET ADDRESS	1990 BOTTLEBRUSH DRIVE	
CITY-ST-ZIP	MELBOURNE FL 32935	
TITLE	T	<input type="checkbox"/> Delete
NAME	COLLINS, JESSE	
STREET ADDRESS	1340 BONAVENTURE DRIVE	
CITY-ST-ZIP	MELBOURNE FL 32935	

TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROGER ELIASSON	
STREET ADDRESS	169 ELLWOOD DR	
CITY-ST-ZIP	SATELLITE BEACH FL 32937	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *[Signature]*

02-17-03 (321) 254-8879

CR2E037 (10/02)