


**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

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AND  
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95 APR 27 PM 12:09

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 706528 (7)  
1. Corporation Name  
HARBOUR HEIGHTS UNITED METHODIST CHURCH, INC.

Principal Place of Business Mailing Address  
27000 SUNNYBROOK ROAD PUNTA GORDA FL 33983 27000 SUNNYBROOK ROAD PUNTA GORDA FL 33983

2. Principal Place of Business 2a. Mailing Address  
21 26  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
22 27  
City & State City & State  
23 28  
Zip Country Zip Country  
24 25 29 30

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 12/06/1963 3a. Date of Last Report 07/06/1994

4. FBI Number 59-2562346 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

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status  \$68.75 Supplemental Fee Not Required

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

9. Name and Address of Current Registered Agent  
KOZOMAN, ROBERT L.  
3517 PEACE RIVER DRIVE  
PUNTA GORDA FL 33983

10. Name and Address of New Registered Agent  
B1 Name  
B2 Street Address (P.O. Box Number is Not Acceptable)  
B3  
B4 City FL B5 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE ROBERT L. KOZOMAN Robert L. Kozoman 4/21/95  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when constituting) DATE

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	SMITH, LINTON
STREET ADDRESS	3432 PEACE RIVER DRIVE
CITY-ST-ZIP	PUNTA GORDA FL
TITLE	D
NAME	HOLBROOK, JAMES
STREET ADDRESS	3500 BAYSWATER DRIVE
CITY-ST-ZIP	PUNTA GORDA FL
TITLE	D
NAME	ANDERSON, DEE
STREET ADDRESS	3433 DESOTO DRIVE
CITY-ST-ZIP	PUNTA GORDA FL
TITLE	D
NAME	MCKISSICK, EVELYN
STREET ADDRESS	3142 DOVER DRIVE
CITY-ST-ZIP	HARBOUR HEIGHTS FL
TITLE	D
NAME	CARPENTER, PHILLIP
STREET ADDRESS	150 URAGUAY DRIVE
CITY-ST-ZIP	PUNTA GORDA FL
TITLE	PD
NAME	KOZOMAN, ROBERT L.
STREET ADDRESS	3517 PEACH RIVER DRIVE
CITY-ST-ZIP	PUNTA GORDA FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	BECKER, GEORGE HICKS, GEORGE
3.3 STREET ADDRESS	430 STARBUCK ST
3.4 CITY-ST-ZIP	150 URAGUAY DR. PUNTA GORDA, FL 33983
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	KOZOMAN, CARROLL
5.3 STREET ADDRESS	3517 PEACE RIVER DR
5.4 CITY-ST-ZIP	PUNTA GORDA, FL 33983
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 110.07(3)(b), 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: Robert L. Kozoman 4/21/95 813 627 1596  
SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR This Daytime Phone #