

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



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
**27000 SUNNYBROOK ROAD
PUNTA GORDA FL 33983**

Mailing Address
**27000 SUNNYBROOK ROAD
PUNTA GORDA FL 33983**

3. Date Incorporated or Qualified **12/06/1963** 3a. Date of Last Report **04/27/1995**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number 59-2562346		Applied For Not Applicable	
21		26		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
22		27		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			
City & State		City & State		24		29	
Zip		Country		25		30	

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

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 **ROBERT L. KOZOMAN** *Robert L. Kozoman* **2/8/96**
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	D <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SMITH, LINTON	1.2 NAME	D GRAHAM, ART
STREET ADDRESS	3432 PEACE RIVER DRIVE	1.3 STREET ADDRESS	27264 SAN MARINO DR
CITY-ST-ZIP	PUNTA GORDA FL	1.4 CITY-ST-ZIP	PUNTA GORDA, FL 33983
TITLE	D <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HOLBROOK, JAMES	2.2 NAME	D GRAHAM, MILLICENT
STREET ADDRESS	3500 BAYSWATER DRIVE	2.3 STREET ADDRESS	27264 SAN MARINO DR
CITY-ST-ZIP	PUNTA GORDA FL	2.4 CITY-ST-ZIP	PUNTA GORDA, FL 33983
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HICKS, GEORGE	3.2 NAME	D WATERS, HORACE
STREET ADDRESS	150 URAGUAY DRIVE	3.3 STREET ADDRESS	23033 WESTCHESTER
CITY-ST-ZIP	PUNTA GORDA FL	3.4 CITY-ST-ZIP	PORT CHARLOTTE, FL 33980
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCKISSICK, EVELYN	4.2 NAME	VA HICKS, GEORGE
STREET ADDRESS	3142 DOVER DRIVE	4.3 STREET ADDRESS	150 URAGUAY DR
CITY-ST-ZIP	HARBOUR HEIGHTS FL	4.4 CITY-ST-ZIP	PUNTA GORDA, FL
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KOZOMAN, CARROLL	5.2 NAME	
STREET ADDRESS	3517 PEACE RIVER DR.	5.3 STREET ADDRESS	
CITY-ST-ZIP	PUNTA GORDA FL	5.4 CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KOZOMAN, ROBERT L.	6.2 NAME	
STREET ADDRESS	3517 PEACE RIVER DRIVE <i>PEACE RIVER DR</i>	6.3 STREET ADDRESS	
CITY-ST-ZIP	PUNTA GORDA FL	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 119.07(3)(k), 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* **2/8/96** **941 627 1576**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)