## 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT#713081**

Name:

Address:

City-St-Zip:

Entity Name: SAFEHARBOR CHRISTIAN CHURCH, INC.

FILED Jan 06, 2004 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 730 UPSALA RD SANFORD, FL 32771 **Current Mailing Address: New Mailing Address:** 730 UPSALA RD SANFORD, FL 32771 FEI Number: 59-6543625 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: COLBERT, WILLIAM L % STENSTROM, DAVID & MCINTOSH 200 W. FIRST STREET - P.O. BOX 1330 SANFORD, FL 32771 US 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: ( ) Delete (X) Change ( ) Addition QUIGGLE, HARRY STAGGS, GREG Name: Name: P.O. BOX 1431 Address: 218 MAIN ROAD Address: City-St-Zip: SANFORD, FL 32772 City-St-Zip: LAKE MARY, FL 32746 Title: () Delete Title: () Change () Addition Name: MILLIGAN, MICHAEL Name: Address: 624 SARITA STREET Address: City-St-Zip: SANFORD, FL 32773 City-St-Zip: Title: () Delete Title: () Change () Addition KRAZEISE, DAVE Name: Name: Address: 109 ROSS LAKE LANE Address: City-St-Zip: SANFORD, FL 32771 City-St-Zip: Title: ( ) Delete Title: () Change () Addition Name: PRESTON, BRUCE Name: Address: 433 CARDDINAL OAKS CT. Address: City-St-Zip: LAKE MARY, FL 32746 City-St-Zip: Title: Title: () Delete ( ) Change (X) Addition

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

TICHONOFF, ANTHONY

119 KAYWOOD DRIVE

SANFORD, FL 32771

SIGNATURE: DAVE KRAZEISE D 01/06/2004