

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 713081

FILED  
Jan 13, 2008  
Secretary of State

Entity Name: SAFEHARBOR CHRISTIAN CHURCH, INC.

**Current Principal Place of Business:**

730 UPSALA ROAD  
SANFORD, FL 32771

**New Principal Place of Business:**

**Current Mailing Address:**

730 UPSALA ROAD  
SANFORD, FL 32771

**New Mailing Address:**

FEI Number: 59-6543625

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

COLBERT, WILLIAM L  
% STENSTROM, DAVID & MCINTOSH  
200 W. FIRST STREET  
SANFORD, FL 32771 US

**Name and Address of New Registered Agent:**

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:**

Title: D ( ) Delete  
Name: KYLE, MIKE  
Address: 2460 REED ELLIS ROAD  
City-St-Zip: OSTEEN, FL 32764

Title: D ( ) Delete  
Name: LEE, ELLIS  
Address: 149 TARRY TOWN TRAIL  
City-St-Zip: LONGWOOD, FL 32750

Title: D ( ) Delete  
Name: PRESTON, BRUCE  
Address: 433 CARDINAL OAKS COURT  
City-St-Zip: LAKE MARY, FL 32746

Title: D (X) Delete  
Name: TICHONOFF, ANTHONY  
Address: 1119 KAYWOOD DRIVE  
City-St-Zip: SANFORD, FL 32771

Title: D (X) Delete  
Name: MARSHALL, DENNIS  
Address: 211 TANGERINE DRIVE  
City-St-Zip: SANFORD, FL 32771

Title: 0 ( ) Delete  
Name: SELLERS, JUDITH M  
Address: 431 VIHLEN ROAD  
City-St-Zip: SANFORD, FL 32771

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: TICHONOFF, ANTHONY  
Address: 1119 KAYWOOD DRIVE  
City-St-Zip: SANFORD, FL 32771

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: 0 (X) Change ( ) Addition  
Name: BOURGEOIS, PAULA L  
Address: 5053 MAXON TERRACE  
City-St-Zip: SANFORD, FL 32771

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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.

SIGNATURE: PAULA L BOURGEOIS, OFFICER

TREA

01/13/2008

Electronic Signature of Signing Officer or Director

Date