2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

Apr 04, 2007 08:00 A Secretary of State **DOCUMENT #726170** FIRST BAPTIST CHURCH OF CHARLOTTE HARBOR, INC. Principal Place of Business Mailing Address 4506 CHURCH ST. 4506 CHURCH ST. CHARLOTTE HARBOR, FL 33980 CHARLOTTE HARBOR, FL 33980 01212007 No Cha-NP CR2E037 (4/06) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-0412290 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent MCNEILL, GEORGE T DO NOT WRITE 3810 BARNEGAT DR PUNTA GORDA, FL 33950 IN THIS SPACE 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 Filing Fee is \$61.25 9. Election Campaign Financing \$5.00 May Be \Box Trust Fund Contribution. Added to Fees Due by May 1, 2007 10. OFFICERS AND DIRECTORS TITLE CDT NAME ADDISON, GLYNN SR. STREET ADDRESS PO BOX 495172 <u> 11000000690847</u> CITY-ST-ZIP PORT CHARLOTTE, FL 04/12/07-80006-018 61.25 MLE EASTMAN, EDWARD SR. STREET ADDRESS 873 WEST TARPON BLVD. CITY-\$1-ZIP PORT CHARLOTTE, FL 33952 IIILE NAME MCNEILL, GEORGE T STREET ADDRESS 3810 BARNEGAT DR. DO NOT WRITE CITY-ST-ZIP PUNTA GORDA, FL 33950 IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

SMATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-2-0

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