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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT **1995**

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

**DOCUMENT # 743317 (0)**

1. Corporation Name
**HARBORVIEW CHRISTIAN CHURCH, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| 24039 HARBORVIEW ROAD<br>CHARLOTTE HARBOR FL 33980 | 24039 HARBORVIEW ROAD<br>CHARLOTTE HARBOR FL 33980 |

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/19/1978
3a. Date of Last Report: 08/02/1994
4. FEI Number: 59-1979205 ☐ 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

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

**9. Name and Address of Current Registered Agent**

HOTCHKISS, GEORGE C.
2161 HAYWORTH RD.
PORT CHARLOTTE FL 33952

**10. Name and Address of New Registered Agent**

81 Name: SMOLINSKI, MARK T
82 Street Address (P.O. Box Number is Not Acceptable): 25204 RECIFE DR
83
84 City: PUNTA GORDA FL 85 Zip Code: 33983

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: Mark T. Smolinski — MARK T. SMOLINSKI — 2/14/95
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 | C | 1.1 TITLE | C-D | ☒ Change ☐ Addition |
| NAME | HOTCHKISS, GEORGE C. | 1.2 NAME | SMOLINSKI, MARK T. | |
| STREET ADDRESS | 2161 HAYWORTH RD. | 1.3 STREET ADDRESS | 25204 RECIFE DR | |
| CITY-ST-ZIP | PORT CHARLOTTE FL | 1.4 CITY-ST-ZIP | PUNTA GORDA, FL 33983 | |
| TITLE | S | 2.1 TITLE | S | ☒ Change ☐ Addition |
| NAME | SHIRLEY GORSUCH | 2.2 NAME | CONN, SUE | |
| STREET ADDRESS | 103 CURTIS TERR | 2.3 STREET ADDRESS | 2195 PETER BOROUGH RD | |
| CITY-ST-ZIP | PORT CHARLOTTE FL 33952 | 2.4 CITY-ST-ZIP | PORT CHARLOTTE FL 33983 | |
| TITLE | D | 3.1 TITLE | V-D | ☒ Change ☐ Addition |
| NAME | LYLE D. HAZELTINE | 3.2 NAME | MIKE RIEGNER | |
| STREET ADDRESS | 6331 RENSTERTOWN RD | 3.3 STREET ADDRESS | 200 DE LEON | |
| CITY-ST-ZIP | NORTH PORT FL 34287 | 3.4 CITY-ST-ZIP | PORT CHARLOTTE FL 33980 | |
| TITLE | T | 4.1 TITLE | D | ☒ Change ☐ Addition |
| NAME | MICHAEL D. HAZELTINE | 4.2 NAME | RALPH BURNS | |
| STREET ADDRESS | 20456 VANGUARD TERR. | 4.3 STREET ADDRESS | 9907 SANDPIPER DR | |
| CITY-ST-ZIP | PORT CHARLOTTE FL 33954 | 4.4 CITY-ST-ZIP | PUNTA GORDA FL 33950 | |
| TITLE | D | 5.1 TITLE | T. | ☐ Change ☐ Addition |
| NAME | GORDON GORSUCH | 5.2 NAME | KELLI YOST | |
| STREET ADDRESS | 103 CURTIS TERR | 5.3 STREET ADDRESS | 125 MILLPORT | |
| CITY-ST-ZIP | PORT CHARLOTTE FL 33952 | 5.4 CITY-ST-ZIP | PT. CHARLOTTE FL. 33948 | |
| TITLE | D | 6.1 TITLE | | ☐ Change ☐ Addition |
| NAME | DONALD WHEELER | 6.2 NAME | | |
| STREET ADDRESS | 4451 CONWAY BLVD. | 6.3 STREET ADDRESS | | |
| CITY-ST-ZIP | PORT CHARLOTTE FL 33952 | 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)(i), 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:** Kelli E. Yost — Kelli E. Yost — 3-21-95 — 629-4372
SIGNATURE AND TYPED OR PRINTED NAME OF MAKING OFFICER OR DIRECTOR — Date — Daytime Phone #

0001988