

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 743317 (0)

1. Corporation Name

HARBORVIEW CHRISTIAN CHURCH, INC.



Principal Place of Business

Mailing Address

**24038 HARBORVIEW ROAD
CHARLOTTE HARBOR FL 33980**

**24038 HARBORVIEW ROAD
CHARLOTTE HARBOR FL 33980**

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified
06/19/1978

3a. Date of Last Report
04/21/1995

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**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

**SMOLINSKI, MARK T
25204 RECIFE DR
PUNTA GORDA FL 33983**

10. Name and Address of New Registered Agent
81 Name **Kelli YOST**
82 Street Address (P. Box Number is Not Acceptable)
125 Millport St
83
84 City **Pt Charlotte** FL 85 Zip Code **33948**

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

Kelli Yost
Signature (Typed or printed name of registered agent and officer, if applicable)

Kelli YOST
(NOTE: Registered Agent's signature required when re-registering)

3-24-96
DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	CD	<input checked="" type="checkbox"/> DELETE
NAME	SMOLINSKI, MARK T	
STREET ADDRESS	25204 RECIFE DR	
CITY-ST-ZIP	PUNTA GORDA FL	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	CONN, SUE	
STREET ADDRESS	2195 PETER BOROUGH RD	
CITY-ST-ZIP	PORT CHARLOTTE FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	RIEGNER, MIKE	
STREET ADDRESS	200 DE LEON	
CITY-ST-ZIP	PORT CHARLOTTE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BURNS, RALPD	
STREET ADDRESS	3407 SNADAPER DR	
CITY-ST-ZIP	PUNTA GORDA FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	YOST, KELLI	
STREET ADDRESS	125 MILLPORT	
CITY-ST-ZIP	PT CHARLOTTE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	CD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Mary ANN Perez	
1.3 STREET ADDRESS	22185 Olean Blvd	
1.4 CITY-ST-ZIP	Pt Charlotte, FL 33952	
2.1 TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Kendra King	
2.3 STREET ADDRESS	2290 Highlands Rd	
2.4 CITY-ST-ZIP	Harbour Heights, FL 33983	
3.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Sue Conn	
3.3 STREET ADDRESS	2195 Peterborough Rd	
3.4 CITY-ST-ZIP	Pt Charlotte, FL 33983	
4.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Burns, Ralph	
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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:

Kelli Yost
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Kelli YOST

3-24-96
DATE

629-4372
Daytime Phone #

CR2E037 (12/95)