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Feb 13 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA 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

24038 HARBORVIEW ROAD
CHARLOTTE HARBOR FL 3398024038 HARBORVIEW ROAD
CHARLOTTE HARBOR FL 33980-22233. Date Incorporated or Qualified
06/19/19783a. Date of Last Report
03/28/1996

4. FEI Number

59-1979205

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution☐\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes☐ Yes☒ No

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

YOST, KELLI
125 MILLPORT ST
PT CHARLOTTE FL 33948

B1 Name

B2 Street Address (P.O. Box Number is Not Acceptable)

B3

B4 City

FL

B5 Zip Code

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

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 CD ☐ DELETE
NAME PEREZ, MARY ANN
STREET ADDRESS 22185 CLEAN BLVD
CITY-ST-ZIP PT CHARLOTTE FL1.1 TITLE CD, Tr ☒ Change ☐ Addition
1.2 NAME Kathy Hockensmith
1.3 STREET ADDRESS 2258 Triton Terr.
1.4 CITY-ST-ZIP Punta Gorda, FL 33983TITLE S ☐ DELETE
NAME KING, KENDRA
STREET ADDRESS 2290 HIGHLANDS RD
CITY-ST-ZIP HARBOUR HEIGHTS FL2.1 TITLE S, Tr ☒ Change ☒ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIPTITLE VD ☐ DELETE
NAME CONN, SUE
STREET ADDRESS 2185 PETERBOROUGH RD
CITY-ST-ZIP PT CHARLOTTE FL3.1 TITLE VD, Tr ☒ Change ☐ Addition
3.2 NAME Kathy Hockensmith
3.3 STREET ADDRESS 1618 Columbian Dr.
3.4 CITY-ST-ZIP Punta Gorda, FL 33950TITLE D ☒ DELETE
NAME BURNS, RALPH
STREET ADDRESS 3407 SNADAPER DR
CITY-ST-ZIP PUNTA GORDA FL4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIPTITLE T ☐ DELETE
NAME YOST, KELLI
STREET ADDRESS 125 MILLPORT
CITY-ST-ZIP PT CHARLOTTE FL5.1 TITLE T, Tr ☒ Change ☒ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIPTITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP6.1 TITLE ☐ Change ☐ 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 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, Treasurer

2/6/97

941 629 4372

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0066187

CR2E037 (9/96)