


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
Jul 23 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 743317 (0)
1. Corporation Name HARBORVIEW CHRISTIAN CHURCH, INC.

Principal Place of Business 24038 HARBORVIEW ROAD CHARLOTTE HARBOR FL 33980	Mailing Address 24038 HARBORVIEW ROAD CHARLOTTE HARBOR FL 33980
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3. Date Incorporated or Qualified 06/19/1978	
4. FEI Number 59-1979205	Applied For Not Applicable

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent YOST, KELLI 125 MILLPORT ST PT CHARLOTTE FL 33948	Hockensmith, Kathy 2258 Triton Terr. Punta Gorda, FL 33980
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10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code
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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 <u>Kathy Hockensmith, Chairman</u> DATE <u>4/13/98</u>

12. OFFICERS AND DIRECTORS	
TITLE	CDT <input type="checkbox"/> DELETE
NAME	HOCKENSMITH, KATHY
STREET ADDRESS	2258 TRITON TERR.
CITY-ST-ZIP	PUNTA GORDA FL
TITLE	ST <input type="checkbox"/> DELETE
NAME	KING, KENDRA
STREET ADDRESS	2290 HIGHLANDS RD
CITY-ST-ZIP	HARBOR HEIGHTS FL
TITLE	VDI <input type="checkbox"/> DELETE
NAME	CONN, SUE
STREET ADDRESS	1618 COLUMBIAN DR
CITY-ST-ZIP	PUNTA GORDA FL
TITLE	TT <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	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	Punta Gorda, FL 33980
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	33980
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	Punta Gorda, FL 33950
3.4 CITY-ST-ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Frances J. Campbell
4.3 STREET ADDRESS	411 Matares Dr.
4.4 CITY-ST-ZIP	Punta Gorda, FL 33950
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 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: <u>Frances J. Campbell</u> DATE <u>4/13/98</u> DAYTIME PHONE # <u>941 639-5393</u>
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CR2E037 (5/98)