


FILE NOW: FILING FEE IS \$61.25

FILED
Feb 24, 1999 8:00 am
Secretary of State

02-24-1999 90027 008 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 743317

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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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		06/19/1978	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		59-1979205	
24 Country		29 Country		30	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent

HOCKENSMITH, KATHY
2258 TRITON TERRACE
PUNTA GORDA FL 33980

10. Name and Address of New Registered Agent

81 Name **Frances J. Campbell**
82 Street Address (P.O. Box Number is Not Acceptable) **411 Matares Drive**
83
84 City **Punta Gorda** FL 85 Zip Code **33950**

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 **Frances J. Campbell Treasurer**

Manuel J. Campbell

1/11/99

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	CDT <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOCKENSMITH, KATHY	1.2 NAME	
STREET ADDRESS	2258 TRITON TERR.	1.3 STREET ADDRESS	
CITY-ST-ZIP	PUNTA GORDA FL 33980	1.4 CITY-ST-ZIP	
TITLE	ST <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KING, KENDRA	2.2 NAME	
STREET ADDRESS	2290 HIGHLANDS RD	2.3 STREET ADDRESS	
CITY-ST-ZIP	HARBOUR HEIGHTS FL 33980	2.4 CITY-ST-ZIP	
TITLE	VDT <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CONN, SUE	3.2 NAME	
STREET ADDRESS	1618 COLUMBIAN DR	3.3 STREET ADDRESS	
CITY-ST-ZIP	PUNTA GORDA FL 33950	3.4 CITY-ST-ZIP	
TITLE	TT <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAMPBELL, FRANCES J	4.2 NAME	
STREET ADDRESS	411 MATARES DRIVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	PUNTA GORDA FL 33950	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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, with all other like empowered.

SIGNATURE: **Manuel J. Campbell** 1/11/99 941-639-5393

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)