

2001 UNIFORM BUSINESS REPORT (UBR)

3/

FILED
Apr 25, 2001 8:00 am
Secretary of State

03-05-2001 90304 019 ****61.25

DOCUMENT # 743317

1. Entity Name

HARBORVIEW CHRISTIAN CHURCH, INC.

Principal Place of Business

24038 HARBORVIEW ROAD
CHARLOTTE HARBOR FL 33900

Mailing Address

24038 HARBORVIEW ROAD
CHARLOTTE HARBOR FL 33900

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1979205

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CAMPBELL, FRANCES J

411-MATAPIES DR. 1512 Rio de Janeiro #214
PUNTA GORDA FL 33950- 33983

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE **Frances J. Campbell, Treasurer**

2/16/01

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	CT	<input type="checkbox"/> Delete
NAME	KING, PAUL	
STREET ADDRESS	2290 HIGHLANDS RD	
CITY-ST-ZIP	PUNTA GORDA FL 33980	
TITLE	ST	<input type="checkbox"/> Delete
NAME	KING, KENDRA	
STREET ADDRESS	2290 HIGHLANDS RD	
CITY-ST-ZIP	HARBOUR HEIGHTS FL 33980	
TITLE	Chairman	<input type="checkbox"/> Delete
NAME	CAMPBELL, JOHN	
STREET ADDRESS	1512 RIO DE JANEIRO #214	
CITY-ST-ZIP	PUNTA GORDA FL 33983	
TITLE	TT	<input type="checkbox"/> Delete
NAME	Cheryl Rule	
STREET ADDRESS	162 Morgan Lane	
CITY-ST-ZIP	Pt. Charlotte, FL 33952	
TITLE	Brick Rule, TT	<input type="checkbox"/> Delete
NAME	162 Morgan Lane	
STREET ADDRESS	Pt. Charlotte, FL 33952	
TITLE	Frances J. Campbell	<input type="checkbox"/> Delete
NAME	Treasurer	
STREET ADDRESS	1512 Rio de Janeiro #214	
CITY-ST-ZIP	Punta Gorda FL 33950	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Frances J. Campbell **Frances J. Campbell** **2/15/01** **941-235-0372**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)