FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS

1996

DOCUMENT #
1. Corporation Name 746700

LAKE HARBOR COMMUNITY WHITED METHODIST CHURCH, I

NC. Principal Place of Business Mailing Address



P O BOX 37 LAKE HARBOR FL 33459		P O BOX 37 LAKE HARBOR FL 33459				
				3. Date incorporated or Qualified 04/10/1979	3a. Date of Last Report 03/13/1995	
2. Principal Place of Business		2a. Mailing Address		4. FEI Number	Applied For	
मी ं		26		65-0228618	Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired Sa.75 Additional Fee Required		
City & State		City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
3	Country	Zip	Country	8. This corporation has liability for in		
Zip 4	25 Country	29	30		Yes No	
9. Name and Address of Current Registered Agent			1901	10. Name and Address of New Registered Agent		
	J. 1101110 D. 12 110110 D. 12 1		81 Name			
COLLUCIO	NED ETERUENIE		Nor	ma R. Schneider		
	ER, STEPHEN E.			82 Street Address (P.O. Box Number is Not Acceptable) 800 W. Royal Palm Avenue		
	OLD HIGHWAY U.S. #27		83	W. KOYAI FAIM AVE	silue	
LAKE HA	rbor fl		63			
д *			84 City	•	85 Zip Code	
` ;			(16	ewiston	FL 33440	
11. Pursuant t	o the provisions of Sections 617,0502	2 and 617.1508, Florida Statu	tes, the above named corp	poration submits this statement for the purporard of directors. I hereby accept the appo	cose of changing its registered office	
or registere	ed agent, or both, in the State of Flori th said accept the philipations of Sec	da. Such change was authori Kon K17.0503. Florida Statute	zed by the corporation's be s	oard or directors. Thereby accept the appo	animent as registered agent. I am	
	Ilamik T	Muider	Norma R	. Schneider	4/29/96	
signature _	Signature, typed or printed name of registered agent		OTE: Registered Agent signature requ	ured when reinstating)	DA*E	
12.		ID DIRECTORS	13.	ADDITIONS CHANGES TO OFFI		
TITLE	PD	5x 1 DELETE	1.1 TITLE	Vice President/T	Change Addition	
NAME	SCHNEIDER, STEPHEN E.		1.2 NAME	Doyle C. Haulcomb		
····-	436 OBISPO AVE.		13 STREET ADDRESS			
STREET ADDRESS	CLEWISTON FL	1,23 001111 110000				
CITY-ST-ZIP		f incitic	1.4 CITY-ST-ZIP	Clewiston, FL 33	Change XAddition	
TITLE	VD	₽DETEJE	2 1 TITLE	Secretary / T		
NAME	AUSTIN, HORACE A.		2 2 NAME	Martha Lynn Weeks	_	
STREET ADDRESS	AZELEA CT & OLD US 27		2 3 STREET ADDRESS	8 E. Corkscrew Box		
CITY-ST-ZIP	LAKE HARBOR FL		2 4 CITY-ST-ZIP	Lake Harbor, FL	33459	
TITLE	SD	⊠ D€LETE	31 TVTLE	Treasurer / T Barnes S. Weeks	☐ Change ☐ Addition	
NAME	BAILEY, WILLIAM E.		3 2 NAME	Barnes S. Weeks	. 3	
STREET ADDRESS	300 OLS US HWY #27		3.3 STREET ADDRESS	8 E. Corksgrew Bou	Tenard	
City-St-ZIP	LAKE HARBOR FL		3 4 CITY-ST-ZIP	Lake Harbor, FL	33459	
DILE	T	DELETE	4 1 TITLE	President/7	Change Addition	
	MIKOVSKY, EDWARD J.	_	4 2 NAME	Edward J. Mikovsky	v	
NAME	500 OLD US HWY 27		4 3 STREET ADDRESS	27 E. Corkscrew Bo	-	
STREET ADDRESS				Lake Harbor, FL		
CITY - ST - ZIP	LAKE HARBOR FL	Christi	4.4 CiTY - ST - ZIP	make narbor, FL .	Change Addition	
TITLE		DELETE	5 1 TITLE			
NAME			5 2 NAME	10000189	59351	
STREET ADDRESS			5 3 STREET ADDRESS	10000189 -06/12/96010	123004	
CITY-ST-ZIP			5.4 CITY - ST - ZIP	***61.25		
TITLE		DELETE	61 TITLE	₹₹₹01.63	☐ Change ☐ Addition	
NAME	l control of the cont		6.2 NAME		- 11-9	
STREET ADDRESS	1		6.3 STREET ADDRESS		G/I	

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. 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 hade 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.

Edward J. Mikovsky 407/996-2940

Date

CR2E037 (12/95)