

FILE NOW: FILING FEE IS \$61.25

FILED

Mar 05 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONSDOCUMENT # 746700 (4)
1. Corporation Name
LAKE HARBOR COMMUNITY METHODIST CHURCH, INC.

Principal Place of Business

Mailing Address

P O BOX 37
LAKE HARBOR FL 33459P O BOX 37
LAKE HARBOR FL 33459-00373. Date Incorporated or Qualified
04/10/19793a. Date of Last Report
06/11/19964. FEI Number
65-0228618Applied For
Not Applicable5. 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

SCHNEIDER, NORMA R
800 W. ROYAL PALM AVE.
CLEWISTON FL 33440

81 Name

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

83

84 City

FL

85 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 VT ☐ DELETE
NAME HAULCOMB, DOYLE J
STREET ADDRESS 1723 JOHN RD.
CITY - ST - ZIP CLEWISTON FL 334401.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIPTITLE ST ☐ DELETE
NAME WEEKS, MARTHA L
STREET ADDRESS 8 E CORKSCREW BLVD.
CITY - ST - ZIP LAKE HARBOR FL 334592.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIPTITLE PT ☐ DELETE
NAME MIKOVSKY, EDWARD J
STREET ADDRESS 27 E CORKSCREW BLVD.
CITY - ST - ZIP LAKE HARBOR FL 334593.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIPTITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP4.1 TITLE ☐ Change ☒ Addition
4.2 NAME T/T
4.3 STREET ADDRESS Weeks, Barnes S.
4.4 CITY - ST - ZIP 8 E. CORKSCREW BLVD.
LAKE HARBOR FL 33459-000167TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP5.1 TITLE ☐ Change ☒ Addition
5.2 NAME TR
5.3 STREET ADDRESS SCRUGGS, BARBARA W.
5.4 CITY - ST - ZIP WARREN/SCRUGGS RD.
LAKE HARBOR FL 33459TITLE ☐ 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:

Signature and typed or printed name of signing officer or director

2-25-97

Date

Daytime Phone # 0045205

CP2E037 (9/96)