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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 746700

1. Corporation Name

LAKE HARBOR COMMUNITY METHODIST CHURCH, INC.

Principal Place of Business

P O BOX 37
LAKE HARBOR FL 33459

Mailing Address

P O BOX 37
LAKE HARBOR FL 33459



2. Principal Place of Business

21 29 W. CORKSCREW BLVD

2a. Mailing Address

26 Suite, Apt. #, etc.

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

23 City & State

LAKE HARBOR, FL

28 City & State

29 City & State

24 Zip

33459

25 Country

USA

29 Zip

30 Country

3. Date Incorporated or Qualified

04/10/1979

4. FEI Number

65-0228618

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP
VT
HAULCOMB, DOYLE J
1723 JOHN RD.
CLEWISTON FL 33440

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP
ST
WEEKS, MARTHA L
8 E CORKSCREW BLVD.
LAKE HARBOR FL 33459

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP
PT
MIKOVSKY, EDWARD J
27 E CORKSCREW BLVD.
LAKE HARBOR FL 33459

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP
TT
WEEKS, BARNES S
8 E CORKSCREW BLVD
LAKE HARBOR FL 57

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP
TR
SCRUGGS, BARBARA W
WARREN/SCRUGGS RD
LAKE HARBOR FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/14/99

941/983-3613

Date

Daytime Phone #

CR2E037 (11/98)