2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2004
Secretary of State

DOCUMENT# 746700

Entity Name: LAKE HARBOR COMMUNITY METHODIST CHURCH, INC.

Current Principal Place of Business:

29 W. CORKSCREW BLVD
LAKE HARBOR, FL 33459

New Principal Place of Business:

Current Mailing Address:

P O BOX 37
LAKE HARBOR, FL 33459

New Mailing Address:

FEI Number: 65-0228618 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	D	( ) Delete
Name:	HAULCOMB, DOYLE J	
Address:	410 CR 720	
City-St-Zip:	CLEWISTON, FL 33440	
Title:	STD	( ) Delete
Name:	WEEKS, MARTHA L	
Address:	8 E CORKSCREW BLVD.	
City-St-Zip:	LAKE HARBOR, FL 33459	
Title:	PD	( ) Delete
Name:	MIKOVSKY, EDWARD J	
Address:	27 E CORKSCREW BLVD.	
City-St-Zip:	LAKE HARBOR, FL 33459	
Title:	D	( ) Delete
Name:	WEEKS, BARNES S	
Address:	8 E CORKSCREW BLVD	
City-St-Zip:	LAKE HARBOR, FL 33459	
Title:	VD	( ) Delete
Name:	CONLEY, WILLIAM C	
Address:	471 LAUREL ST	
City-St-Zip:	CLEWISTON, FL 33440	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: EDWARD J MIKOVSKY PD 04/05/2004

Electronic Signature of Signing Officer or Director — Date