

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 746700

FILED
Apr 30, 2008
Secretary of State

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: HAMMIL, JAMES MR
Address: 1027 CARRIBBEAN AVE.
City-St-Zip: CLEWISTON, FL 33440 US

Title: P/D () Delete
Name: WEEKS, MARTHA L MRS
Address: 8 E CORKSCREW BLVD.
City-St-Zip: LAKE HARBOR, FL 33459 US

Title: VP/D () Delete
Name: MIKOVSKY, EDWARD J MR
Address: 27 E CORKSCREW BLVD.
City-St-Zip: LAKE HARBOR, FL 33459 US

Title: S () Delete
Name: WILLIAMS, GENE MR
Address: 40 MUTT THOMAS RD
City-St-Zip: LAKE HARBOR, FL 33459 US

Title: D () Delete
Name: NORMAN, MOLLY T MRS
Address: 21 E CORKSCREW BLVD
City-St-Zip: LAKE HARBOR, FL 33459 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: D (X) Change () Addition
Name: WEEKS, BARNES MR
Address: 8 E CORKSCREW BLVD.
City-St-Zip: LAKE HARBOR, FL 33459 US

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

Title: D (X) Change () Addition
Name: WILLIAMS, GENE MR
Address: 40 MUTT THOMAS RD
City-St-Zip: LAKE HARBOR, FL 33459 US

Title: P/D (X) Change () Addition
Name: NORMAN, MOLLY T MRS
Address: 21 E CORKSCREW BLVD
City-St-Zip: LAKE HARBOR, FL 33459 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: MOLLY T. NORMAN

P/D

04/30/2008

Electronic Signature of Signing Officer or Director

Date