

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 746700

FILED  
Apr 20, 2009  
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: D ( ) Delete  
Name: WEEKS, BARNES MR  
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: D ( ) Delete  
Name: WILLIAMS, GENE MR  
Address: 40 MUTT THOMAS RD  
City-St-Zip: LAKE HARBOR, FL 33459 US

Title: P/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: ( ) 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 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

04/20/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date