

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 769321 (1)
1. Corporation Name

HARBOR CITY CHURCH-BY-THE-SEA, INC.



Principal Place of Business Mailing Address
**399 E EAU GALLIE BLVD.
MELBOURNE FL 32937** **399 E EAU GALLIE BLVD.
MELBOURNE FL 32937**

3. Date Incorporated or Qualified 3a. Date of Last Report
07/12/1983 **02/09/1995**

4. FEI Number Applied For
59-2299265 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address

21 26

Suite, Apt. #, etc. Suite, Apt. #, etc.

22 27

City & State City & State

23 28

Zip Country Zip Country

24 25 29 30

9. Name and Address of Current Registered Agent

**THREADGILL, E. J.
541 YOUNG STREET
MELBOURNE FL 32935**

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	11 TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CUSICK, JIM	12 NAME	Cusick, Jim
STREET ADDRESS	1270 CEDAR LANE	13 STREET ADDRESS	4133 Deerwood Trail
CITY-ST-ZIP	INDIALANTIC FL	14 CITY-ST-ZIP	Melbourne, FL
TITLE	V <input type="checkbox"/> DELETE	21 TITLE	V <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CUSICK, CAROL	22 NAME	Cusick, Carol
STREET ADDRESS	1270 CEDAR LANE	23 STREET ADDRESS	4133 Deerwood Trail
CITY-ST-ZIP	INDIALANTIC FL	24 CITY-ST-ZIP	Melbourne, FL
TITLE	S <input type="checkbox"/> DELETE	31 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARRERA, CAROL	32 NAME	McHenry, T.M.
STREET ADDRESS	2105 PLUMOSA WAY	33 STREET ADDRESS	3075 Rio Palma S.
CITY-ST-ZIP	INDIALANTIC FL	34 CITY-ST-ZIP	Indialantic, FL
TITLE	T <input type="checkbox"/> DELETE	41 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	THREADGILL, E. J.	42 NAME	Schopke, Neil
STREET ADDRESS	541 YOUNG STREET	43 STREET ADDRESS	165 Lanternback Island Drive
CITY-ST-ZIP	MELBOURNE FL	44 CITY-ST-ZIP	Satellite Beach, FL
TITLE	D <input type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THREADGILL, GENE	52 NAME	
STREET ADDRESS	541 YOUNG STREET	53 STREET ADDRESS	
CITY-ST-ZIP	MELBOURNE FL	54 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCHENRY, T. M.	62 NAME	
STREET ADDRESS	2319 S. PARSONS AVE	63 STREET ADDRESS	
CITY-ST-ZIP	MELBOURNE FL	64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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

Jim Cusick

03/18/96

(407)773-0737

Date

Daytime Phone #

CR2E037 (12/95)