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Jun 12 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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 32937-4836

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	3a. Date of Last Report
21	26	07/12/1983	04/01/1996
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number	Applied For
22	27	59-2299265	Not Applicable
City & State	City & State	5. Certificate of Status Desired	\$8.75 Additional Fee Required
23	28	<input type="checkbox"/>	\$5.00 May Be Added to Fees
Zip	Country	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>
24	25	29	30
Zip	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
THREADGILL, E. J. 541 YOUNG STREET MELBOURNE FL 32935		81 Name	Cusick, Carol H.
		82 Street Address (P.O. Box Number is Not Acceptable)	4133 Deerwood Trail
		83	Melbourne 32934
		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 *Carol H. Cusick* Vice President DATE *April 25, 1997*

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	P T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CUSICK, JOM	1.2 NAME	Cusick, James V.
STREET ADDRESS	4133 DEERWOOD TRAIL	1.3 STREET ADDRESS	4133 Deerwood Trail
CITY-ST-ZIP	MELBOURNE FL	1.4 CITY-ST-ZIP	Melbourne, FL 32934
TITLE	V <input type="checkbox"/> DELETE	2.1 TITLE	V T <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CUSICK, CAROL	2.2 NAME	Cusick, Carol
STREET ADDRESS	4133 DEERWOOD TRAIL	2.3 STREET ADDRESS	4133 Deerwood Trail
CITY-ST-ZIP	MELBOURNE FL	2.4 CITY-ST-ZIP	Melbourne, FL 32934
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	S, T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCHENRY, T.M.	3.2 NAME	Schopke, Neil
STREET ADDRESS	3075 RIO PALMA S	3.3 STREET ADDRESS	165 Lanternback Island Drive
CITY-ST-ZIP	INDIALANTIC FL	3.4 CITY-ST-ZIP	Satellite Beach, FL 32937
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHOPKE, NEIL	4.2 NAME	
STREET ADDRESS	165 LANTERNBACK ISLAND DRIVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	SATELLITE BEACH FL	4.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THREADGILL, GENE	5.2 NAME	
STREET ADDRESS	541 YOUNG STREET	5.3 STREET ADDRESS	
CITY-ST-ZIP	MELBOURNE FL	5.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCHENRY, T. M.	6.2 NAME	
STREET ADDRESS	2319 S. PARSONS AVE	6.3 STREET ADDRESS	
CITY-ST-ZIP	MELBOURNE FL	6.4 CITY-ST-ZIP	

14. I do 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.

(407)773-0737

CR2E037 (9/96)