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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **N00238** **(8)**

1. Corporation Name
HARBORSIDE CHRISTIAN CHURCH, INC.

Principal Place of Business	Mailing Address
3380 S.R. 580 SAFETY HARBOR FL 34695	3380 S.R. 580 SAFETY HARBOR FL 34695-4930

3. Date Incorporated or Qualified: **12/07/1983**
3a. Date of Last Report: **02/26/1996**

2. Principal Place of Business — 21 — Suite, Apt. #, etc. — 22 — City & State — 23 — Zip — 24 — Country — 25

2a. Mailing Address — 26 — Suite, Apt. #, etc. — 27 — City & State — 28 — Zip — 29 — Country — 30

4. FEI Number: **59-2348246** ☐ Applied For ☐ 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

9. Name and Address of Current Registered Agent

ZSCHAU, JULIUS J ESQ.
JOHNSON, POPE, BOKOR, RUPPEL & BURNS, P.A.
911 CHESTNUT ST.
CLEARWATER FL 33616

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 _____ DATE
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	D	☐ DELETE	1.1 TITLE	TR	Trustee, minister of Administration ☐ Change ☑ Addition
NAME	STUECHER, DAN		1.2 NAME		Michael Osborn
STREET ADDRESS	4681 GILRONAN COURT		1.3 STREET ADDRESS		499 Wmong Willow Dr,
CITY-ST-ZIP	PALM HARBOR FL		1.4 CITY-ST-ZIP		Palm Harbor, FL. 34683
TITLE	D	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	EATON, ROBERT		2.2 NAME		
STREET ADDRESS	908 HARBOR HOUSE DR		2.3 STREET ADDRESS		
CITY-ST-ZIP	INDIAN ROCKS BEACH FL		2.4 CITY-ST-ZIP		
TITLE	S	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	HOKE, KAREN		3.2 NAME		
STREET ADDRESS	2621 RIDGE LANE		3.3 STREET ADDRESS		
CITY-ST-ZIP	PALM HARBOR FL		3.4 CITY-ST-ZIP		
TITLE	T	☐ DELETE DK	4.1 TITLE		☐ Change ☐ Addition
NAME	GALL, KEITH		4.2 NAME		
STREET ADDRESS	1590 CHUKAR RIDGE		4.3 STREET ADDRESS		
CITY-ST-ZIP	PALM HARBOR FL		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	SMALL, DAVID		5.2 NAME		
STREET ADDRESS	3027 BRADFORD CIRCLE, EAST		5.3 STREET ADDRESS		
CITY-ST-ZIP	PALM HARBOR FL		5.4 CITY-ST-ZIP		
TITLE	C	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	CARLSON, RON		6.2 NAME		
STREET ADDRESS	1526 BEECHWOOD COURT		6.3 STREET ADDRESS		
CITY-ST-ZIP	DUNEDIN FL		6.4 CITY-ST-ZIP		

CR2E037 (9/96)

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.

SIGNATURE: _____ Karen F. Hoke 1/9/97 813-726-0202
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0069296