2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00238

1. Entity Name

Harborside Christian Church, Inc.

FILED
00 JUL 24 AM 10:24
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
28465 US Hwy 19 N. Suite 200 Clearwater, FL 33761	28465 US Hwy 19 N. Suite 200 Clearwater, FL 33761-2511

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-2348246 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
Freedman, Robert 777 S. Harbour Island Dr. One Harbour PL (PO Box 3239) Tampa, FL 33602-5799	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

8. 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 Robert L Freedman
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25	9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees	**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Stuecher, Dan 4681 Gilronan Court Palm Harbor, FL 34685 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Hoke, Karen 2621 Ridge Lane Palm Harbor, FL 34685 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Gall, Keith 1590 Chukar Ridge Palm Harbor, FL ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 000003344550--3 -08/02700--01093--012 *****61.25 *****61.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Milano, Mike 2667 Cascade Ct. Clearwater, FL 34695 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition LS
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C - TR Babcock, C. I. 1934 Soule Rd. Clearwater, FL 33759 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V - TR Osborn, MIchael 499 Winding Willow Dr. Palm Harbor, FL 34683 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition TR Osborn, Michael 499 Winding Willow Dr. Palm Harbor, FL 34683

CR2E037 (9/99)

12. I 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

727-726-

SIGNATURE: Michael Osborn, Trustee Michael Osborn 5/17/2000 0202

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #