2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 04, 2004
Secretary of State

DOCUMENT# N00238

Entity Name: HARBORSIDE CHRISTIAN CHURCH, INC.

Current Principal Place of Business:

28465 US HWY. 19 N.
STE. 200
CLEARWATER, FL 33761

New Principal Place of Business:

Current Mailing Address:

28465 US HWY. 19 N.
STE. 200
CLEARWATER, FL 33761

New Mailing Address:

FEI Number: 59-2348246 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CFRA LLC
777 S. HARBOUR ISLAND BLVD.
ONE HARBOUR PLACE, SUITE 500
TAMPA, FL 33602 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: P ( ) Delete
Name: STUECHER, DAN,
Address: 28465 US HWY 19 N. - SUITE 200
City-St-Zip: CLEARWATER, FL 33761

Title: VD ( ) Delete
Name: PARKER, HOWARD
Address: 28465 US HWY 19 N. - SUITE 200
City-St-Zip: CLEARWATER, FL 33761

Title: S ( ) Delete
Name: HOKE, KAREN,
Address: 28465 US HWY 19 N. - SUITE 200
City-St-Zip: CLEARWATER, FL 33761

Title: T ( ) Delete
Name: GALL, KEITH,
Address: 28465 US HWY 19 N. -SUITE 200
City-St-Zip: CLEARWATER, FL 33761

Title: CTR (X) Delete
Name: MAJURE, ROBERT
Address: 28465 US HWY 19 N. - SUITE 200
City-St-Zip: CLEARWATER, FL 33761

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change ( ) Addition
Name: PARKER, HOWARD
Address: 28465 US HWY 19 N. - SUITE 200
City-St-Zip: CLEARWATER, FL 33761

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 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 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: HOWARD PARKER VP 02/04/2004

Electronic Signature of Signing Officer or Director — Date