2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00238

FILED Apr 28, 2006 Secretary of State

Entity Name: HARBORSIDE CHRISTIAN CHURCH, INC.

Current Principal Place of Business: New Principal Place of Business:

2200 MARSHALL STREET SAFETY HARBOR, FL 34695

Current Mailing Address: New Mailing Address:

2200 MARSHALL STREET
SAFETY HARBOR
CLEARWATER, FL 34695

2200 MARSHALL STREET
SAFETY HARBOR, FL 34695

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

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

CFRA LLC CFRA LLC

CORPORATE CENTER THREE AT INT'L PLAZA
4221 W. BOY SCOUT BLVD, 10TH FLOOR

CORPORATE CENTER THREE AT INT'L PLAZA
4221 W. BOY SCOUT BLVD, SUITE 1000

TAMPA, FL 336075736 US TAMPA, FL 336075736 US

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: 04/28/2006

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P () Delete Title: P (X) Change () Addition

 Name:
 STUECHER, DAN,
 Name:
 PARKER, KURT,

 Address:
 2200 MARSHALL STREET
 Address:
 2200 MARSHALL STREET

 City-St-Zip:
 SAFETY HARBOR, FL 34695
 City-St-Zip:
 SAFETY HARBOR, FL 34695

Title: VP () Delete Title: VP (X) Change () Addition

Name:PARKER, HOWARDName:MCSPADDEN, DEANAddress:2200 MARSHALL STREETAddress:2200 MARSHALL STREETCity-St-Zip:SAFETY HARBOR, FL 34695City-St-Zip:SAFETY HARBOR, FL 34695

Title: S () Delete Title: () Change () Addition

 Name:
 HOKE, KAREN,
 Name:

 Address:
 2200 MARSHALL STREET
 Address:

 City-St-Zip:
 SAFETY HARBOR, FL 34695
 City-St-Zip:

 Name:
 GALL, KEITH,
 Name:

 Address:
 2200 MARSHALL STREET
 Address:

 City-St-Zip:
 SAFETY HARBOR, FL 34695
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: DEAN MCSPADDEN VP 04/28/2006