2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2009
Secretary of State

DOCUMENT# N00238

Entity Name: HARBORSIDE CHRISTIAN CHURCH, INC.

Current Principal Place of Business:

2200 MARSHALL STREET
SAFETY HARBOR, FL 34695

New Principal Place of Business:

Current Mailing Address:

2200 MARSHALL STREET
SAFETY HARBOR, FL 34695

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
CORPORATE CENTER THREE AT INT'L PLAZA
4221 W. BOY SCOUT BLVD, SUITE 1000
TAMPA, FL 336075736 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: PARKER, KURT
Address: 2200 MARSHALL STREET
City-St-Zip: SAFETY HARBOR, FL 34695

Title: VP ( ) Delete
Name: MCSPADDEN, DEAN
Address: 2200 MARSHALL STREET
City-St-Zip: SAFETY HARBOR, FL 34695

Title: S ( ) Delete
Name: HOKE, KAREN
Address: 2200 MARSHALL STREET
City-St-Zip: SAFETY HARBOR, FL 34695

Title: T ( ) Delete
Name: GALL, KEITH
Address: 2200 MARSHALL STREET
City-St-Zip: SAFETY HARBOR, FL 34695

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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 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 04/15/2009

Electronic Signature of Signing Officer or Director — Date