2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000002537

Address:

City-St-Zip:

ame: HARROR BARTIST CHIIRCH I

FILED Mar 21, 2005 Secretary of State

Entity Name: HARBOR BAPTIST CHURCH, INC. **Current Principal Place of Business: New Principal Place of Business:** 111 FIESTA CIR 428 TOMOKA AVE ORMOND BEACH, FL 32174 ORMOND BEACH, FL 32174 **Current Mailing Address: New Mailing Address:** PO BOX 730967 ORMOND BEACH, FL 32173 FEI Number: 59-3718881 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: TODD, RONALD L 111 FIÉSTA CIR ORMOND BEACH, FL 32174 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: PSD () Delete () Change () Addition TODD, RONALD L PASTOR Name: Name: 111 FIESTA CIR Address: Address: City-St-Zip: ORMOND BEACH, FL 32174 City-St-Zip: Title: () Delete Title: () Change () Addition Name: TAYLOR, MICHAEL C Name: Address: 250 RODEO ROAD Address: City-St-Zip: ORMOND BEACH, FL 32174 City-St-Zip: Title: () Delete Title: () Change () Addition DUCKETT, DOUGLAS R Name: Name: 225 RIVERBEND ROAD Address: Address: City-St-Zip: ORMOND BEACH, FL 32174 City-St-Zip: Title: () Delete Title: () Change () Addition Name: OLTMAN, ARTHUR W Name: Address: 105 FIESTA CIR Address: City-St-Zip: ORMOND BEACH, FL 32174 City-St-Zip: Title: () Delete Title: () Change (X) Addition DILLS, MATTHEW A Name: Name:

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.

Address:

City-St-Zip:

2838 HICKORY ST

BUNNELL, FL 32110

SIGNATURE: RONALD L. TODD REV. 03/21/2005