

2002 UNIFORM BUSINESS REPORT (UBR)

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FILED
Apr 07, 2002 8:00 am
Secretary of State

02-17-2002 90076 001 ****61.25

DOCUMENT # N01000005905

1. Entity Name

HARBOR BREEZE BAPTIST, INC.

Principal Place of Business

Mailing Address

2400 ACACIA AVE
PUNTA GORDA FL 33950

2400 ACACIA AVE
PUNTA GORDA FL 33950

2. Principal Place of Business

3. Mailing Address

P.O. Box 511124

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Punta Gorda, FL

Zip

Country

Zip

Country

33951-1124

USA

4. FEI Number

65-1112342

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fees Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

MOORE, THOMAS
2400 ACACIA AVE
PUNTA GORDA FL 33950

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

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 **D** ☐ Delete
NAME **MOORE, THOMAS**
STREET ADDRESS **2400 ACACIA AVE**
CITY-ST-ZIP **PUNTA GORDA FL 33950**

TITLE **PRESIDENT** ☒ Change ☐ Addition
NAME **THOMAS MOORE**
STREET ADDRESS **2400 ACACIA AVE.**
CITY-ST-ZIP **PUNTA GORDA, FL 33950**

TITLE **D** ☐ Delete
NAME **RICHARDSON, ANDY**
STREET ADDRESS **1427 BEACON DR**
CITY-ST-ZIP **PORT CHARLOTTE FL 33952**

TITLE **VICE PRESIDENT** ☒ Change ☐ Addition
NAME **WAYNE RICHARDSON**
STREET ADDRESS **832 CORDELE AVE.**
CITY-ST-ZIP **PORT CHARLOTTE, FL 33952**

TITLE **D** ☐ Delete
NAME **BEHLING, DAVID ANDREW**
STREET ADDRESS **34745 TRAILS END DR**
CITY-ST-ZIP **PUNTA GORDA FL 33982**

TITLE **SECRETARY** ☒ Change ☐ Addition
NAME **JEANETTE BEATTY**
STREET ADDRESS **525 BURLAND STREET**
CITY-ST-ZIP **PUNTA GORDA, FL 33950**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **TREASURER** ☐ Change ☒ Addition
NAME **CYNTHIA DEES**
STREET ADDRESS **2331 ASPEN ROAD**
CITY-ST-ZIP **PUNTA GORDA, FL 33982**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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.

Cynthia A. Dees, Treasurer
SIGNATURE: *Cynthia A. Dees*

1-29-02

941-624-2233

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)