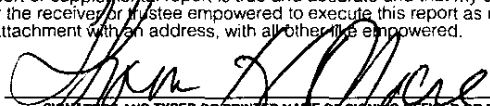


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90404 004 ****61.25

DOCUMENT # N01000005905					
1. Entity Name HARBOR BREEZE BAPTIST, INC.					
Principal Place of Business 1625 MARION AVE. SUITE 8 PUNTA GORDA FL 33950			Mailing Address PO BOX 511124 PUNTA GORDA FL 33951-1124		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 65-1112342	
5. Certificate of Status Desired ☐				Applied For ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
Name MOORE, THOMAS			Name MOORE, THOMAS		
Street Address (P.O. Box Number is Not Acceptable) 25086 DOREDO DRIVE 17376 MALARKY LN.			Street Address (P.O. Box Number is Not Acceptable) 17376 MALARKY LANE		
City PUNTA GORDA FL 33955			City FL Zip Code		
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)					
FILE NOW: FEE IS \$61.25 Due By May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
Make Check Payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	☐ Delete	TITLE	☐ Change	☐ Addition
NAME	MOORE, THOMAS		NAME		
STREET ADDRESS	25086 DOREDO DRIVE 17376 MALARKY LN.		STREET ADDRESS		
CITY-ST-ZIP	PUNTA GORDA FL 33955		CITY-ST-ZIP		
TITLE	D	☐ Delete	TITLE	☐ Change	☐ Addition
NAME	RICHARDSON, ANDY		NAME		
STREET ADDRESS	24356 BUCCANEER BLVD.		STREET ADDRESS		
CITY-ST-ZIP	PUNTA GORDA FL 33955		CITY-ST-ZIP		
TITLE	D	☒ Delete	TITLE	☒ Change	☐ Addition
NAME	BEHLING, DAVID ANDREW		NAME	DONALD DEES	
STREET ADDRESS	34745 TRAILS END DR		STREET ADDRESS	2331 ASPEN RD.	
CITY-ST-ZIP	PUNTA GORDA FL 33982		CITY-ST-ZIP	PUNTA GORDA, FL 33982	
TITLE	V	☒ Delete	TITLE	☒ Change	☐ Addition
NAME	RICHARDSON, WAYNE		NAME	CHARLES POLK	
STREET ADDRESS	832 CORDELE AVE		STREET ADDRESS	1852 CITRON ST.	
CITY-ST-ZIP	PORT CHARLOTTE FL 33952		CITY-ST-ZIP	PUNTA GORDA, FL 33980	
TITLE	S	☒ Delete	TITLE	☒ Change	☐ Addition
NAME	BEATTY, JEANETTE		NAME	GENIE SHEENE	
STREET ADDRESS	525 BURLAND STREET		STREET ADDRESS	P.O. Box 511685	
CITY-ST-ZIP	PUNTA GORDA FL 33950		CITY-ST-ZIP	PUNTA GORDA, FL 33951-1685	
TITLE	T	☒ Delete	TITLE	☒ Change	☐ Addition
NAME	HANSEN, CATHERINE		NAME	KAREN LEPAGE	
STREET ADDRESS	18368 DIGGERS AVE.		STREET ADDRESS	170 EASTON DR. NW	
CITY-ST-ZIP	PORT CHARLOTTE FL 33948		CITY-ST-ZIP	PT. CHARLOTTE, FL 33952	
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 the empowered.					
SIGNATURE: 			4-13-04 941-637-4777		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		