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	Mailing Address
1625 MARION AVE. SUITE 8 PUNTA GORDA FL 33950	PO BOX 511124 PUNTA GORDA FL 33951-1124

MOORE CR2E037 (11/03)

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 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MOORE, THOMAS ~~25086 DOREDO DRIVE~~ 17376 MALARKY LN. PUNTA GORDA FL 33955	Name Street Address (P.O. Box Number is Not Acceptable) 17376 MALARKY LANE 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PD MOORE, THOMAS ~~25086 DOREDO DRIVE~~ 17376 MALARKY LN. PUNTA GORDA FL 33955	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D RICHARDSON, ANDY 24356 BUCCANEER BLVD. PUNTA GORDA FL 33955	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BEHLING, DAVID ANDREW 34745 TRAILS END DR PUNTA GORDA FL 33982	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DONALD DEES 2331 ASPEN RD. PUNTA GORDA, FL 33982 ☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V RICHARDSON, WAYNE 832 CORDELE AVE PORT CHARLOTTE FL 33952	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V CHARLES POLK 1852 CITRON ST. PUNTA GORDA, FL 33980 ☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S BEATTY, JEANETTE 525 BURLAND STREET PUNTA GORDA FL 33950	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	GENIE SHEENE P.O. BOX 511685 PUNTA GORDA, FL 33951-1685 ☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T HANSEN, CATHERINE 18368 DIGGERS AVE. PORT CHARLOTTE FL 33948	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	KAREN LEPAGE 170 EASTON DR. NW PT. CHARLOTTE, FL 33952 ☑ Change ☐ Addition

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.

SIGNATURE: _____ 4-13-04 941-637-4777
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #