


**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 22, 2005 8:00 am
Secretary of State

04-22-2005 90304 043 ****61.25

DOCUMENT # NO1000005905	
1. Entity Name HARBOR BREEZE BAPTIST CHURCH	

DO NOT WRITE IN THIS SPACE

50042493

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2. Principal Place of Business 1625 W. Marion Avenue Suite, Apt. #, etc. Suite #8		3. Mailing Address P.O. Box 511124 Suite, Apt. #, etc.	
City & State Punta Gorda, FL		City & State Punta Gorda, FL	
Zip 33950	Country Charlotte	Zip 33951	Country Charlotte
4. FEI Number 65-1112342		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name	the Rev. Thomas H. Moore		
Street Address (P.O. Box Number is Not Acceptable)	17376 Malarkey Lane 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

Thomas H. Moore

Signature, typed or printed name of registered agent, and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FEE IS \$61.25
Initial or Amended UBR

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

TITLE NAME STREET ADDRESS CITY - ST - ZIP	President Rev. Dr. Thomas H. Moore 17376 Malarkey Lane Punta Gorda, FL 33955	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Vice President Charles Polk 1852 Citron Street Punta Gorda, FL 33980	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Secretary Genie Sheene PO Box 511685 Punta Gorda, FL 33951	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Treasurer Nancy Gilpin 1120 Hawks Nest Court Punta Gorda, FL 33950	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Thomas H. Moore

CR2E037B (12/02)