

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 13, 2003 8:00 am
Secretary of State

03-13-2003 90102 041 ****61.25

DOCUMENT # N01000005905

1. Entity Name

HARBOR BREEZE BAPTIST, INC.



Principal Place of Business

**2400 ACACIA AVE
PUNTA GORDA FL 33950**

Mailing Address

**PO BOX 51124
PUNTA GORDA FL 33951-1124**

2. Principal Place of Business

1625 W. Marion Ave.

Suite, Apt. #, etc.

Suite 8

3. Mailing Address

Suite, Apt. #, etc.

City & State

Punta Gorda, FL

City & State

Punta Gorda, FL

Zip

33950

Country

USA

Zip

33950

Country

USA

4. FEI Number **65-1112342**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**MOORE, THOMAS
2400 ACACIA AVE
PUNTA GORDA FL 33950**

7. Name and Address of New Registered Agent

Name

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

25086 Doreda Drive

City

Punta Gorda

FL

Zip Code

33955

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

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

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

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

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

TITLE ☐ Delete
NAME **V RICHARDSON, WAYNE**
STREET ADDRESS **832 CORDELE AVE**
CITY-ST-ZIP **PORT CHARLOTTE FL 33952**

TITLE ☐ Delete
NAME **S BEATTY, JEANETTE**
STREET ADDRESS **525 BURLAND STREET**
CITY-ST-ZIP **PUNTA GORDA FL 33950**

TITLE ☐ Delete
NAME **T DEES, CYNTHIA**
STREET ADDRESS **2331 ASPEN RD**
CITY-ST-ZIP **PUNTA GORDA FL 33982**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **25086 Doreda Drive**
CITY-ST-ZIP **Punta Gorda, FL 33955**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **24356 Buccaneer Blvd.**
CITY-ST-ZIP **Punta Gorda, FL 33955**

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

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

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

TITLE ☒ Change ☐ Addition
NAME **Treasurer Hansen, Catherine**
STREET ADDRESS **18368 Diggers Ave.**
CITY-ST-ZIP **Port Charlotte, FL 33948**

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: Thomas Moore REQUIRED 3/10/03 941-637-4777

CR2E037 (10/02)