

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # N02533

1. Entity Name

SOULS HARBOR CHURCH, INC.



FILED

Feb 26, 2007 08:00 AM
Secretary of State

Principal Place of Business

4203 SPAFFORD AVE
WEST PALM BEACH FL 33409
US

Mailing Address

P.O. BOX 18825
WEST PALM BEACH FL 33416
US



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/06)

4. FEI Number

NO-T APPLICABLE

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

BRANDON, PHYLLIS
449 1ST STREET
WEST PALM BEACH FL 33413

Name

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

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

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
Due By May 1, 2007

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: P ☐ Delete
NAME: BRANDON, PHYLLIS
STREET ADDRESS: 449 1ST. N
CITY-STATE-ZIP: WEST PALM BEACH FL 33413

TITLE: ST ☐ Delete
NAME: WEBB, INGRID
STREET ADDRESS: 1540 40TH ST.
CITY-STATE-ZIP: WEST PALM BEACH FL 33407

TITLE: TR ☐ Delete
NAME: JONES, KARL
STREET ADDRESS: 1326 W 26TH CT
CITY-STATE-ZIP: RIVIERA BEACH FL 33404

TITLE: D ☐ Delete
NAME: HOGAN, EUIN
STREET ADDRESS: 1826 W. 26TH CT
CITY-STATE-ZIP: RIVIERA BEACH FL 33404

TITLE: TR ☐ Delete
NAME: ROBINSON, LUCILLE
STREET ADDRESS: 1288 BRANDYWINE DRIVE
CITY-STATE-ZIP: WEST PALM BEACH FL 33417

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-STATE-ZIP:

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY-STATE-ZIP:

TITLE: ☐ Change ☐ Addition
NAME:
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CITY-STATE-ZIP:

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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

Phyllis Brandon, President

2-21-07