2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 16, 2005 8:00 am
Secretary of State
04-14-2005 90090 030 ****70.00

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1. Entity Name
HARBOR LIGHT CHRISTIAN ACADEMY, INC.

Principal Place of Business	Mailing Address
3770 US 1 S ST AUGUSTINE, FL 32086	3770 US 1 S ST AUGUSTINE, FL 32086

04072005 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
705 DeLespine Ave Suite, Apt. #, etc.	P.O. Box 4258 Suite, Apt. #, etc.
City & State: St. Aug. Fl	City & State: St. Aug. Fl.
Zip: 32084 Country: U.S.A	Zip: 32085 Country: U.S.A

4. FEI Number: 20-1694926 ☐ 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
SANZONE, PHYLLIS 705 DELESPINE AVE ST AUGUSTINE, FL 32084	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when submitting)

Filing Fee is $61.25 Due by May 1, 2005

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	
CLE	P ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	SANZONE, PHYLLIS	NAME	
STREET ADDRESS	3770 US 1 S	STREET ADDRESS	
CITY-ST-ZIP	ST AUGUSTINE, FL 32086	CITY-ST-ZIP	
CLE	V ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	SANZONE, ROBERT	NAME	
STREET ADDRESS	3770 US 1 S	STREET ADDRESS	
CITY-ST-ZIP	ST AUGUSTINE, FL 32086	CITY-ST-ZIP	
CLE	ST ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	SANZONE, CYNTHIA	NAME	
STREET ADDRESS	3770 US 1 S	STREET ADDRESS	
CITY-ST-ZIP	ST. AUGUSTINE, FL 32086	CITY-ST-ZIP	
CLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
CLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
CLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: Phyllis E. SanZone 4-13-05
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OR DIRECTOR — Date — Daytime Phone #