

**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 26, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # N04000004396**

1. Entity Name  
**HARBOR LIGHT CHRISTIAN ACADEMY, INC.**



Principal Place of Business  
**705 DELESPINE AVE  
SAINT AUGUSTINE, FL 32084**

Mailing Address  
**PO BOX 4258  
SAINT AUGUSTINE, FL 32085**



04222007 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

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**

**SANZONE, PHYLLIS  
705 DELESPINE AVE  
ST AUGUSTINE, FL 32084**

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IN THIS SPACE**

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

**Filing Fee is \$61.25  
Due by May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	P
NAME	SANZONE, PHYLLIS
STREET ADDRESS	705 DELES PINE AVE
CITY-ST-ZIP	ST AUGUSTINE, FL 32086
TITLE	V
NAME	SANZONE, ROBERT
STREET ADDRESS	3770 FLORIDA CLUB BLVD
CITY-ST-ZIP	ST AUGUSTINE, FL 32086
TITLE	ST
NAME	SANZONE, CYNTHIA
STREET ADDRESS	3770 US 1 S
CITY-ST-ZIP	ST AUGUSTINE, FL 32086
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/10/07-80048-002 70.00

**DO NOT WRITE  
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 Sanzone Phyllis Sanzone 4/20/07 904-819-5980

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #