## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N04000004396

Entity Name: HARBOR LIGHT CHRISTIAN ACADEMY, INC.

FILED Jun 19, 2009 Secretary of State

**Current Principal Place of Business:** 

**New Principal Place of Business:** 

705 DELESPINE AVE

SAINT AUGUSTINE, FL 32084

**Current Mailing Address:** 

**New Mailing Address:** 

PO BOX 4258

705 DELESPINE AVE SAINT AUGUSTINE, FL 32085

SAINT AUGUSTINE, FL 32084

FEI Number: 20-1694926

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of New Registered Agent:

SANZONE, PHYLLIS 705 DELESPINE AVE SANZONE, PHYLLIS E MS 705 DELESPINE AVE

ST AUGUSTINE, FL 32084

ST AUGUSTINE, FL 32084 US

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.

SIGNATURE: PHYLLIS E. SANZONE

Name and Address of Current Registered Agent:

06/19/2009

Electronic Signature of Registered Agent

US

Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change ( ) Addition

() Delete SANZONE, PHYLLIS Name:

Address: 705 DELES PINE AVE

City-St-Zip: ST AUGUSTINE, FL 32086

Title: () Delete SANZONE, ROBERT Name: Address:

3770 FLORIDA CLUB BLVD City-St-Zip: ST AUGUSTINE, FL 32086

SANZONE, PHYLLIS E MS Name:

Address: 705 DELES PINE AVE City-St-Zip: ST AUGUSTINE, FL 32086

(X) Change ( ) Addition Title:

Name: SANZONE, ROBERT Address: 3770 FLORIDA CLUB BLVD City-St-Zip: ST AUGUSTINE, FL 32086

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PHYLLIS E. SANZONE

MS

06/19/2009