

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

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

**DOCUMENT # N04000004398**

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



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

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



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**

**DO NOT WRITE  
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 DELESPINE AVE**  
CITY-ST-ZIP **SAINT AUGUSTINE, FL 32084**

TITLE V  
NAME **SANZONE, CYNTHIA**  
STREET ADDRESS **705 DELESPINE AVE**  
CITY-ST-ZIP **SAINT AUGUSTINE, FL 32084**

TITLE S  
NAME **SANZONE, ROBERT**  
STREET ADDRESS **705 DELESPINE AVE**  
CITY-ST-ZIP **SAINT AUGUSTINE, FL 32084**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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IN THIS SPACE**

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**

Date

**904-819-5980**

Daytime Phone #