

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2008 8:00 am
Secretary of State

04-14-2008 90020 046 ****61.25

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																																																																																																																										
2. Principal Place of Business - No P.O. Box # 			3. Mailing Address 																																																																																																																										
Suite, Apt. #, etc. 			Suite, Apt. #, etc. 																																																																																																																										
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5. Certificate of Status Desired <input type="checkbox"/>		5. Certificate of Status Desired <input type="checkbox"/>		Applied For Not Applicable																																																																																																																									
6. Name and Address of Current Registered Agent SANZONE, PHYLLIS 705 DELESPINE AVE ST AUGUSTINE, FL 32084																																																																																																																													
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>																																																																																																																													
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small>																																																																																																																													
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees																																																																																																																									
Make check payable to Florida Department of State																																																																																																																													
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> 10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">NAME</td> <td style="width: 20%; text-align: right;">Delete</td> </tr> <tr> <td>NAME</td> <td>P SANZONE, PHYLLIS</td> <td><input type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td>705 DELESPINE AVE</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>SAINT AUGUSTINE, FL 32084</td> <td></td> </tr> <tr> <td>TITLE</td> <td>V SANZONE, CYNTHIA</td> <td style="text-align: right;">Delete</td> </tr> <tr> <td>NAME</td> <td>705 DELESPINE AVE</td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td>SAINT AUGUSTINE, FL 32084</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>SAINT AUGUSTINE, FL 32084</td> <td></td> </tr> <tr> <td>TITLE</td> <td>SANZONE, ROBERT</td> <td style="text-align: right;">Delete</td> </tr> <tr> <td>NAME</td> <td>705 DELESPINE AVE</td> <td><input type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td>SAINT AUGUSTINE, FL 32084</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>SAINT AUGUSTINE, FL 32084</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;">Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td><input type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;">Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td><input type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;">Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td><input type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table> </div> <div style="width: 45%;"> 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">NAME</td> <td style="width: 20%; text-align: right;">Change Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td><input type="checkbox"/> <input type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;">Change Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td><input type="checkbox"/> <input type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;">Change Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td><input type="checkbox"/> <input type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;">Change Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td><input type="checkbox"/> <input type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table> </div> </div>						TITLE	NAME	Delete	NAME	P SANZONE, PHYLLIS	<input type="checkbox"/>	STREET ADDRESS	705 DELESPINE AVE		CITY-ST-ZIP	SAINT AUGUSTINE, FL 32084		TITLE	V SANZONE, CYNTHIA	Delete	NAME	705 DELESPINE AVE	<input checked="" type="checkbox"/>	STREET ADDRESS	SAINT AUGUSTINE, FL 32084		CITY-ST-ZIP	SAINT AUGUSTINE, FL 32084		TITLE	SANZONE, ROBERT	Delete	NAME	705 DELESPINE AVE	<input type="checkbox"/>	STREET ADDRESS	SAINT AUGUSTINE, FL 32084		CITY-ST-ZIP	SAINT AUGUSTINE, FL 32084		TITLE		Delete	NAME		<input type="checkbox"/>	STREET ADDRESS			CITY-ST-ZIP			TITLE		Delete	NAME		<input type="checkbox"/>	STREET ADDRESS			CITY-ST-ZIP			TITLE		Delete	NAME		<input type="checkbox"/>	STREET ADDRESS			CITY-ST-ZIP			TITLE	NAME	Change Addition	NAME		<input type="checkbox"/> <input type="checkbox"/>	STREET ADDRESS			CITY-ST-ZIP			TITLE		Change Addition	NAME		<input type="checkbox"/> <input type="checkbox"/>	STREET ADDRESS			CITY-ST-ZIP			TITLE		Change Addition	NAME		<input type="checkbox"/> <input type="checkbox"/>	STREET ADDRESS			CITY-ST-ZIP			TITLE		Change Addition	NAME		<input type="checkbox"/> <input type="checkbox"/>	STREET ADDRESS			CITY-ST-ZIP		
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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: <u><i>Phyllis E. Sanzone</i></u> 4/10/08 904-819-5980 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																																																																																																																													