

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2006 8:00 am
Secretary of State

04-06-2006 90023 041 ****61.25

DOCUMENT # N05000006655

1. Entity Name
SEA BREEZE COMMUNITY CHURCH, INC.



Principal Place of Business
**7645-55TH STREET NORTH
PINELLAS PARK, FL 33781**

Mailing Address
**7645-55TH STREET NORTH
PINELLAS PARK, FL 33781**

66010992



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01112008 Chg-NP CR2E037 (11/05)

City & State

City & State

4. FEI Number

20-3047695

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**HOLLEY, DONNIE
7645-55TH STREET NORTH
PINELLAS PARK, FL 33781**

7. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

**Filing Fee is \$81.25
Due by May 1, 2006**

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

TITLE **INCORPORATOR** ☐ Delete
NAME **HARRY BROWN**
STREET ADDRESS **9221 121 STREET**
CITY- ST- ZIP **SEMINOLE FL 33772**

TITLE **INCORPORATOR** ☐ Delete
NAME **LEROY ROBINSON**
STREET ADDRESS **1107 RUMFORD CT.**
CITY- ST- ZIP **PINELLAS PARK FL 33782**

TITLE **INCORPORATOR** ☐ Delete
NAME **DONNIE HOLLEY**
STREET ADDRESS **7645 55 STREET NORTH**
CITY- ST- ZIP **PINELLAS PARK FL 33781**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
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CITY- ST- ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF BOARDING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-16-06