

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 14, 2005 8:00 am**  
**Secretary of State**

07-14-2005 90076 018 \*\*\*\*61.25

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<b>DOCUMENT # N13234</b> 1. Entity Name <b>SOUTH HAVEN CHRISTIAN CHURCH, INC.</b>			
Principal Place of Business <b>2430 TOMOKA FARMS ROAD</b> <b>DAYTONA BEACH, FL 32124-3730</b>		Mailing Address <b>2430 TOMOKA FARMS ROAD</b> <b>DAYTONA BEACH, FL 32124-3730</b>	
2. Principal Place of Business <i>Same</i>		3. Mailing Address <i>Same</i>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <i>Port Orange, FL</i>		City & State <i>Port Orange, FL</i>	
Zip <i>32128</i>	Country <i>USA</i>	Zip <i>32128</i>	Country <i>USA</i>
4. FEI Number <b>59-2633643</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>SMITH, MICHAEL C</b> <b>20 TULA DRIVE</b> <b>PORT ORANGE, FL 32129</b>		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;"> <span><b>FL</b></span> <span>Zip Code</span> </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.  <div style="display: flex; justify-content: space-between;"> <div style="width: 40%;">           SIGNATURE <i>[Signature]</i>  <small>Signature, typed or printed name of registered agent and title if applicable.</small> </div> <div style="width: 40%; text-align: right;"> <i>7/5/05</i>  <small>DATE</small> </div> </div>			
<b>Filing Fee is \$61.25</b> <b>Due by September 7, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T FICK, SCOTT 3049 BONKIRK DELTONA, FL 32738	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WOLCOTT, BOB 2315 PINE TREE DRIVE EDGEWATER, FL 32141	<input type="checkbox"/> Delete	T FICK, SCOTT 3325 Woodland Dr. Edgewater, FL 32141 <i>New Address</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M SMITH, MICHAEL C 20 TULA DRIVE PORT ORANGE, FL 32129	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEONARD, RALPH 5880 AZALEA ST PORT ORANGE, FL 32127	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <i>[Signature]</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<i>7/5/05</i> <b>386-252-0390</b> <small>Date Daytime Phone #</small>	