FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 12 PM 12:12

DOCUMENT # N30135 (0)

1. Corporation Name
HARBOR CHAPEL OF FORT MYERS, INC.

Principal Place of Business	Mailing Address
3120 MICHIGAN AVENUE FORT MYERS FL 33901	3120 MICHIGAN AVENUE FORT MYERS FL 33901

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/11/1989
3a. Date of Last Report: 03/29/1994
4. FEI Number: 65-0197943 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business (21) | 2a. Mailing Address (26)
Suite, Apt. #, etc. (22) | Suite, Apt. #, etc. (27)
City & State (23) | City & State (28)
Zip (24) Country (25) | Zip (29) Country (30)

9. Name and Address of Current Registered Agent

HAWKINS, ELSIE J.
336 SANDIEGO STREET
N. FT. MYERS FL 33903

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	11 TITLE		☐ Change ☐ Addition
NAME	HAWKINS, ELSIE J.	12 NAME		
STREET ADDRESS	336 SANDIEGO ST.	13 STREET ADDRESS		
CITY-ST-ZIP	N. FT. MYERS FL	14 CITY-ST-ZIP		
TITLE	D	21 TITLE		☐ Change ☐ Addition
NAME	HAWKINS, JUNE E.	22 NAME		
STREET ADDRESS	336 SAN DIEGO ST.	23 STREET ADDRESS		
CITY-ST-ZIP	N. FT. MYERS FL	24 CITY-ST-ZIP		
TITLE	D	31 TITLE	D	☒ Change ☐ Addition
NAME	BRYANT, THOMAS A.	32 NAME	BRYANT, THOMAS A.	
STREET ADDRESS	8010 GRADY RD.	33 STREET ADDRESS	2849 N. Second ST.	
CITY-ST-ZIP	N. FT. MYERS FL	34 CITY-ST-ZIP	N. FT. Myers, Fla. 33917	
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY-ST-ZIP		44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Elsie J. Hawkins Elsie J. Hawkins 4-7-95 813-995-1098
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0069817