

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jun 15, 2006 08:00 AM
Secretary of State

DOCUMENT # N30135

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



Principal Place of Business
**3120 MICHIGAN AVENUE
FORT MYERS FL 33901**

Mailing Address
**3120 MICHIGAN AVENUE
FORT MYERS FL 33901**



2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

Zip Country

4. FEI Number
65-0197943

Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75** Additional Fee Required

1st MOORE CR2E037 (10/05)

6. Name and Address of Current Registered Agent

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

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 _____ U00000567205
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-issuing) 06/15/06-800016002 70.00

**FILE NOW: FEE IS \$61.25
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	D	<input type="checkbox"/> Delete
NAME	HAWKINS, ELSIE J.	
STREET ADDRESS	336 SANDIEGO ST.	
CITY-ST-ZIP	N. FT. MYERS FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	HAWKINS, JUNE E.	
STREET ADDRESS	336 SAN DIEGO ST.	
CITY-ST-ZIP	N. FT. MYERS FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	BRYANT, THOMAS A.	
STREET ADDRESS	2849 N. 2ND ST.	
CITY-ST-ZIP	N. FT. MYERS FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Rev. Elsie J. Hawkins* **Rev. Elsie J. HAWKINS** 6/12/06 239-99510
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 78