

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

**FILED
May 05, 2005 8:00 am
Secretary of State**

05-05-2005 90116 029 ****61.25

DOCUMENT # N39559		
1. Entity Name HARVEY MEMORIAL COMMUNITY CHURCH, INC.		

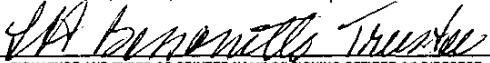
Principal Place of Business 300 CHURCH STREET BRADENTON BEACH, FL 34217		Mailing Address P.O. BOX 243 BRADENTON BEACH, FL 34217 US			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent BESSONETTE, LEA ANN 129 BRIDGE ST. 300 Bay Drive South PO BOX 333 BRADENTON BEACH, FL 34217				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	

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 reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2005		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	
10. OFFICERS AND DIRECTORS					
TITLE: P NAME: BESSONETTE, LEA A STREET ADDRESS: 129 BRIDGE ST PO BOX 333 CITY-ST-ZIP: BRADENTON BEACH, FL 34217		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE: T NAME: ABBUHL, MARGE STREET ADDRESS: 318 SPRINGDALE DR CITY-ST-ZIP: BRADENTON, FL 34210		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE: S NAME: BURNJAS, EILEEN STREET ADDRESS: 777 JOHN RINGLIG BLVD UNIT H-06 CITY-ST-ZIP: SARASOTA, FL 34236		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE: D NAME: SMITH, EDWIN T STREET ADDRESS: 6409 CONCORD CIR CITY-ST-ZIP: BRADENTON, FL 34210		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE: D NAME: GUEST, DAVID STREET ADDRESS: 63 BAY DRIVE N. CITY-ST-ZIP: BRADENTON BEACH, FL 34217		<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE: D NAME: CRAYTON, SCOTT STREET ADDRESS: 3980 IRONWOOD CIR., APT 402 CITY-ST-ZIP: BRADENTON, FL 34209		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
				<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: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/1/05 941-778-3113
Date Daytime Phone #