

# 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**

**50049722**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03282005

Chg-NP

CR2E037 (10/03)

City & State

City & State

4. FEI Number  
**59-2676731**

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

7. Name and Address of New Registered Agent

**BESSONETTE, LEA ANN**  
**~~129 BRIDGE ST.~~ 300 Bay Drive South**  
**PO BOX 333**  
**BRADENTON BEACH, FL 34217**

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 reinstating)

DATE

**Filing Fee Is \$61.25**  
**Due by May 1, 2005**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **P** ☐ Delete  
NAME **BESSONETTE, LEA A**  
STREET ADDRESS **~~129 BRIDGE ST~~ PO BOX 333**  
CITY-ST-ZIP **BRADENTON BEACH, FL 34217**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **T** ☐ Delete  
NAME **ABBUHL, MARGE**  
STREET ADDRESS **318 SPRINGDALE DR**  
CITY-ST-ZIP **BRADENTON, FL 34210**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **S** ☐ Delete  
NAME **BURNJAS, EILEEN**  
STREET ADDRESS **777 JOHN RINGLIG BLVD UNIT H-06**  
CITY-ST-ZIP **SARASOTA, FL 34236**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D** ☐ Delete  
NAME **SMITH, EDWIN T**  
STREET ADDRESS **6409 CONCORD CIR**  
CITY-ST-ZIP **BRADENTON, FL 34210**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D** ☒ Delete  
NAME **GUEST, DAVID**  
STREET ADDRESS **63 BAY DRIVE N.**  
CITY-ST-ZIP **BRADENTON BEACH, FL 34217**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D** ☐ Delete  
NAME **CRAYTON, SCOTT**  
STREET ADDRESS **3980 IRONWOOD CIR., APT 402**  
CITY-ST-ZIP **BRADENTON, FL 34209**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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**

**941-795-3113**

Daytime Phone #