

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N39559

FILED
May 18, 2009
Secretary of State

Entity Name: HARVEY MEMORIAL COMMUNITY CHURCH, INC.

Current Principal Place of Business:

300 CHURCH STREET
BRADENTON BEACH, FL 34217

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 243
BRADENTON BEACH, FL 34217 US

New Mailing Address:

FEI Number: 59-2676731 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

BEER, DIANE L
1011 44TH ST W
BRADENTON, FL 34209 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D (X) Delete
Name: SMITH, EDWIN T
Address: 6409 CONCORD CIR
City-St-Zip: BRADENTON, FL 34210

Title: D () Delete
Name: CRAYTON, SCOTT
Address: 3980 IRONWOOD CIR., APT 402
City-St-Zip: BRADENTON, FL 34209

Title: P () Delete
Name: BEER, DIANE
Address: 1011 44TH ST. W
City-St-Zip: BRADENTON, FL 34209

Title: T () Delete
Name: WHITACRE, PATRICIA
Address: 3824 115TH ST. CT. W.
City-St-Zip: BRADENTON, FL 34210

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PATRICIA WHITACRE

T

05/18/2009

Electronic Signature of Signing Officer or Director

Date