

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N41274

1. Entity Name

PALM HARBOR COMMUNITY CHURCH, INC.

FILED
Feb 27, 2000 8:00 am
Secretary of State

02-27-2000 90077 002 ****61.25

Principal Place of Business	Mailing Address
455 RIVIERE RD PALM HARBOR FL 34684 US	455 RIVIERE RD PALM HARBOR FL 34683-5108 US

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number	59-3040192	Applied For
		Not Applicable

5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
----------------------------------	--------------------------	--------------------------------

6. Name and Address of Current Registered Agent

GONZALES, LARRY J. E
THORNTON, TORRENCE & GONZALES
6645 RIDGE ROAD
PORT RICHEY FL 34668

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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS	
TITLE	TR
NAME	WATKINS, RALPH
STREET ADDRESS	2247 ORANGEPOINT AVE.
CITY-ST-ZIP	PALM HARBOR FL 34683
	<input type="checkbox"/> Delete
TITLE	TR
NAME	HARTER, JOHN
STREET ADDRESS	2921 VALENCIA LANE E1
CITY-ST-ZIP	PALM HARBOR FL 34684
	<input type="checkbox"/> Delete
TITLE	TR
NAME	EGGERS, SHIRLEY
STREET ADDRESS	1584 OHIO AVE.
CITY-ST-ZIP	PALM HARBOR FL 34683
	<input type="checkbox"/> Delete
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
	<input type="checkbox"/> Delete
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
	<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: Shirley E. Eggers
SIGNATURE AND TYPE FOR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/25/2000 727-789-6764
Date Daytime Phone #

CR2E037 (9/99)