

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 31, 2004 8:00 am
Secretary of State

03-31-2004 90034 007 ****61.25

DOCUMENT # N98000007241

1. Entity Name

**HARVEST BAPTIST CHURCH OF CHARLOTTE COUNTY,
INC.**



Principal Place of Business

**590 TAMiami TR
UNIT #2
PORT CHARLOTTE FL 33953
US**

Mailing Address

**PO BOX 380216
MURDOCK FL 33938-0216
US**

94040434



MOORE CR2E037 (11/03)

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

65-0903955

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**JAMES, ALLEN
368 KOSTNER STREET
PORT CHARLOTTE FL 33954**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2004**

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
NAME
STREET ADDRESS
CITY-ST-ZIP
**DTT
JAMES, ALLEN
368 KOSTNER STREET
PORT CHARLOTTE FL 33954** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
MALCOLM, JOHN
407 SAN CARLOS DRIVE
PUNTA GORDA FL 33950** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TR
TAYLOR, SAMUEL
2361 BENDIXEN ST
PORT CHARLOTTE FL 33953** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
TAYLOR, LINDA
2361 BENDIXEN ST
PORT CHARLOTTE FL 33953** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TR
LORD, ALLYN
5145 DENSAN RD.
NORTH PORT FL 34287** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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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: *Allen James* **Allen James** **3/27/04** **941-625-3669**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #