2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 06, 2006 08:00 AM
Secretary of State

DOCUMENT # N98000007241

1. Entity Name
HARVEST BAPTIST CHURCH OF CHARLOTTE COUNTY, INC.

Principal Place of Business	Mailing Address
590 TAMIAMI TR UNIT #2 PORT CHARLOTTE, FL 33953 US	PO BOX 380216 MURDOCK, FL 33938-0216 US

02012006 No Chg-NP CR2E037 (11/05)

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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

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2006

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

000000423396
02/18/06-80024-018 61.25

10. OFFICERS AND DIRECTORS

TITLE	DTT
NAME	JAMES, ALLEN
STREET ADDRESS	368 KOSTNER STREET
CITY-ST-ZIP	PORT CHARLOTTE, FL 33954
TITLE	D
NAME	MALCOLM, JOHN
STREET ADDRESS	407 SAN CARLOS DRIVE
CITY-ST-ZIP	PUNTA GORDA, FL 33950
TITLE	TR
NAME	TAYLOR, SAMUEL
STREET ADDRESS	2361 BENDIXEN ST
CITY-ST-ZIP	PORT CHARLOTTE, FL 33953
TITLE	S
NAME	TAYLOR, LINDA
STREET ADDRESS	2361 BENDIXEN ST
CITY-ST-ZIP	PORT CHARLOTTE, FL 33953
TITLE	TR
NAME	LORD, ALLYN
STREET ADDRESS	5145 DENSAN RD.
CITY-ST-ZIP	NORTH PORT, FL 34287
TITLE	TR
NAME	TERRY, BUTCH
STREET ADDRESS	19791 MIDWAY BLVD
CITY-ST-ZIP	PORT CHARLOTTE, FL 33948

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 R James 2-1-06 941-625-3669
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #