# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 02, 2008 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<br>UNIT #2<br>PORT CHARLOTTE, FL 33953 US | PO BOX 380216<br>MURDOCK, FL 33938-0216 US |

**DO NOT WRITE IN THIS SPACE**

03302008 No Chg-NP CR2E037 (4/06)

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

**DO NOT WRITE IN THIS SPACE**

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, 2008**

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

U00000078016
04/14/08-80038-007 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 | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

**DO NOT WRITE IN THIS SPACE**

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 Allen R James 3/30/08 941-625-3669
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #