

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000007241

FILED
Apr 13, 2009
Secretary of State

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

Current Principal Place of Business:

590 TAMIAMI TR
UNIT #2
PORT CHARLOTTE, FL 33953 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 380216
MURDOCK, FL 339380216 US

New Mailing Address:

FEI Number: 65-0903955

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JAMES, ALLEN
368 KOSTNER STREET
PORT CHARLOTTE, FL 33954 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: DTT () Delete
Name: JAMES, ALLEN
Address: 368 KOSTNER STREET
City-St-Zip: PORT CHARLOTTE, FL 33954

Title: D () Delete
Name: MALCOLM, JOHN
Address: 407 SAN CARLOS DRIVE
City-St-Zip: PUNTA GORDA, FL 33950

Title: TR () Delete
Name: TAYLOR, SAMUEL
Address: 2361 BENDIXEN ST
City-St-Zip: PORT CHARLOTTE, FL 33953

Title: S () Delete
Name: TAYLOR, LINDA
Address: 2361 BENDIXEN ST
City-St-Zip: PORT CHARLOTTE, FL 33953

Title: TR () Delete
Name: LORD, ALLYN
Address: 5145 DENSAN RD.
City-St-Zip: NORTH PORT, FL 34287

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:

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: ALLEN JAMES

DTT

04/13/2009

Electronic Signature of Signing Officer or Director

Date