

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

95 APR 26 AM 7:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N04696 (3)

1. Corporation Name

**HARVEY'S SPIRITUALIST CHURCH & CENTER OF THE NEW
TESTAMENT, INC.**

Principal Place of Business

Mailing Address

1084 NW FEDERAL HIGHWAY
STUART FL 34994

1084 NW FEDERAL HIGHWAY
STUART FL 34994

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/02/1984

3a. Date of Last Report

05/01/1994

4. FEI Number

58-4299023

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

22

1274 NW Federal Highway

23

City & State

24

Zip

Country

26

Suite, Apt. #, etc.

27

1274 NW Federal Highway

28

City & State

29

Zip

Country

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

7. Nonprofit with IRS 501(c)(3)

Tax Exempt Status

☒ \$68.75 Supplemental
Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes

☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HARVEY, REV. CHARLES H.
1084 NW FEDERAL HWY.
STUART FL 34994

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME HARVEY, REV. CHARLES H.
STREET ADDRESS 1084 NW FEDERAL HWY.
CITY - ST - ZIP STUART FL

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS 1274 NW Federal Hwy.
1.4 CITY - ST - ZIP

TITLE VD
NAME HARVEY, BERNADINE K.
STREET ADDRESS 1084 NW FEDERAL HWY.
CITY - ST - ZIP STUART FL

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS 1274 NW Federal Hwy.
2.4 CITY - ST - ZIP

TITLE STD
NAME HARVEY, MELANIE A.
STREET ADDRESS 1084 NW FEDERAL HWY.
CITY - ST - ZIP STUART FL

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS 1274 NW Federal Hwy.
3.4 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Bernadine K. Harvey
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/95
Date

692-4644
Daytime Phone #