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CORPORATION
ANNUAL REPORT
1995



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

FILED
95 JAN 31 PM 1:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N30438 (8)

1. Corporation Name

HARVEST CHRISTIAN COLLEGE AND SEMINARY, INC.

Principal Place of Business

Mailing Address

31912 LAKE ELSIE DRIVE
TAVARES FL 32778
US

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TAVARES FL 32778
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/31/1989

3a. Date of Last Report

05/01/1994

4. FEI Number

59-2943387

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21

29

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MILLS, MAYNARD A.
36 LAKEVIEW TERRACE DRIVE
ALTOONA FL 32702

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 607.1608, 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 reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	DP
NAME	MILLS, MAYNARD A.
STREET ADDRESS	36 LAKEVIEW TERRACE
CITY - ST - ZIP	ALTOONA FL
TITLE	D
NAME	STRUENING, MARIE
STREET ADDRESS	292 RAIN TREE DR. A-2
CITY - ST - ZIP	ALTOONA FL
TITLE	D
NAME	MILLS, MARGO A.
STREET ADDRESS	36 LAKEVIEW TERRACE
CITY - ST - ZIP	ALTOONA FL
TITLE	D
NAME	PIPER, WILLIAM S.H.
STREET ADDRESS	200 DOGWOOD LANE
CITY - ST - ZIP	EASLEY SC
TITLE	D
NAME	PALMER, NEVILLE
STREET ADDRESS	8TH LINE RAILROAD #2
CITY - ST - ZIP	GEORGETOWN ONT. CAN.
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	3000001394879 -02/01/95--01041--006
2.1 TITLE	*****51.25 *****
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 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)(k), 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 liquidator employed to execute this report as required by Chapter 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

(Typed Name)