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Apr 29 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N40783 (5)
 1. Corporation Name
HEARTLAND HARVEST CHURCH MINISTRIES, INC.



Principal Place of Business 36 E. MAIN ST AVON PARK FL 33826 US	Mailing Address P O BOX 580 AVON PARK FL 33826-0580 US
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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 10/11/1990	3a. Date of Last Report 07/16/1996
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number 59-2889652	Applied For Not Applicable
22 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23 Zip Country	28 Zip Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	25	29	30
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
HASS, MARK A 38 EAST MAIN STREET AVON PARK FL 33825				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent's signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAAS, MARK A	1.2 NAME	Haas, Mark A.
STREET ADDRESS	1724 MORNINGSIDE RD	1.3 STREET ADDRESS	750 E. Cornell St.
CITY-ST-ZIP	AVON PARK FL	1.4 CITY-ST-ZIP	Avon Park, FL 33825
TITLE	TR <input type="checkbox"/> DELETE	2.1 TITLE	TR <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	YOUNGBLOOD, RALPH	2.2 NAME	Youngblood, Ralph
STREET ADDRESS	2473 STATE RD 17S	2.3 STREET ADDRESS	2473 State Rd 17S
CITY-ST-ZIP	AVON PARK FL	2.4 CITY-ST-ZIP	Avon Park, FL 33825
TITLE	TR <input type="checkbox"/> DELETE	3.1 TITLE	TR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HASS, THERESA	3.2 NAME	Haas, Theresa
STREET ADDRESS	1724 N MORNINGSIDE RD	3.3 STREET ADDRESS	750 E. Cornell St.
CITY-ST-ZIP	AVON PARK FL	3.4 CITY-ST-ZIP	Avon Park, FL 33825
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	TR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	Sperry Russ
STREET ADDRESS		4.3 STREET ADDRESS	2472 W. Russ Rd.
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Avon Park, FL 33825
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	TR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	Larry Moore
STREET ADDRESS		5.3 STREET ADDRESS	12 W. Anoka Lane
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Avon Park, FL 33825
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

CR2E037 (9/96)