

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 10, 2001 8:00 am
Secretary of State
 04-10-2001 90088 040 ****61.25

0021963

DOCUMENT # N46673

1. Entity Name

HARVEST INSPIRATION MINISTRIES, INC.

Principal Place of Business

Mailing Address

**2844 PONKAN ROAD
 APOPKA FL 32712
 US**

**2844 PONKAN ROAD
 APOPKA FL 32712
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3097830

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PETERSON, LARRY
 22310 ORANGE BLOSSOM LANE
 EUSTIS FL 32736**

Name

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

City

FL

Zip Code

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing
 Trust Fund Contribution. ☐

**\$5.00 May Be
 Added to Fees**

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **C** ☐ Delete
 NAME **PETERSON, LARRY**
 STREET ADDRESS **22310 ORANGE BLOSSOM LN**
 CITY-ST-ZIP **EUSTIS FL 32736**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **VC** ☐ Delete
 NAME **WHITE, BRENDAN**
 STREET ADDRESS **2011 HIDDEN DALE CT**
 CITY-ST-ZIP **KISSIMMEE FL**

TITLE **VC** ☒ Change ☐ Addition
 NAME **White, Brendan**
 STREET ADDRESS **550 Murphy Ave**
 CITY-ST-ZIP **Deltona, FL 32725**

TITLE **D** ☐ Delete
 NAME **DOUVILLE, FRED**
 STREET ADDRESS **2921 ITHACA CT**
 CITY-ST-ZIP **COCOA FL 32926**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **T** ☒ Delete
 NAME **ACOSTA, DEBRA**
 STREET ADDRESS **2537 SAND LK RD**
 CITY-ST-ZIP **LONGWOOD FL 32779**

TITLE **T** ☐ Change ☒ Addition
 NAME **Varsubsky, Debbie**
 STREET ADDRESS **2351 Piedmont Lakes Blvd.**
 CITY-ST-ZIP **Apopka, FL 32703**

TITLE **D** ☒ Delete
 NAME **RICHMOND, WALTER**
 STREET ADDRESS **920 PELICAN BAY DR**
 CITY-ST-ZIP **DAYTONA BEACH FL 32119**

TITLE **D** ☐ Change ☒ Addition
 NAME **Helm, Don**
 STREET ADDRESS **2920 Ponkan Rd**
 CITY-ST-ZIP **Apopka, FL 32712**

TITLE **D** ☐ Delete
 NAME **WILLIAMS, DOROTHY**
 STREET ADDRESS **1212 N. JACKS LAKE RD**
 CITY-ST-ZIP **CLERMONT FL 34711**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. I 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 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: SIGNATURE OF BRENDAN WHITE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/26/01

Date

407-884-0595

Daytime Phone #

CR2E037 (10/00)