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Jan 31 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1997**

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

DOCUMENT # **N94000005386 (7)**

1. Corporation Name

CHRISTIAN HARVEST CHURCH, INC.

Principal Place of Business	Mailing Address
1554 BARNHARST RD BARTOW FL 33830 US	PO BOX 3 ALTURAS FL 33820-0003 US

3. Date Incorporated or Qualified: **10/28/1994**
3a. Date of Last Report: **03/14/1996**

2. Principal Place of Business (21):
2a. Mailing Address (26):
Suite, Apt. #, etc. (22):
Suite, Apt. #, etc. (27):
City & State (23):
City & State (28):
Zip (24): Country (25):
Zip (29): Country (30):

4. FEI Number: **59-3294804** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

WELLS, WILLIAM B
271 HIGHLANDS WAY
BARTOW FL 33830

10. Name and Address of New Registered Agent

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 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE	D	☐ Change ☒ Addition
NAME	ALTMAN, JAMES W		1.2 NAME	Strickland Mark	
STREET ADDRESS	1554 BARNHORST ROAD		1.3 STREET ADDRESS	129 Knollwood Dr.	
CITY-ST-ZIP	BARTOW FL 33830		1.4 CITY-ST-ZIP	Winter Haven, FL. 33881	
TITLE	D	☐ DELETE	2.1 TITLE	D	☐ Change ☒ Addition
NAME	BURNETTE, RANDALL R		2.2 NAME	Vernon Bryants	
STREET ADDRESS	909 8TH STREET N.W.		2.3 STREET ADDRESS	141 3rd St. West	
CITY-ST-ZIP	MULBERRY FL 33860		2.4 CITY-ST-ZIP	Wahneta, FL. 33880	
TITLE	D	☐ DELETE	3.1 TITLE	D	☒ Change ☐ Addition
NAME	BAKER, SAMUEL J.		3.2 NAME	Baker Samuel J.	
STREET ADDRESS	~~144 15TH CT W~~		3.3 STREET ADDRESS	3500 E. Hinson Ave.	
CITY-ST-ZIP	~~WOHNETA FL~~		3.4 CITY-ST-ZIP	Haines City, FL. 33844	
TITLE	D	☒ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	~~JOHNS, WILLIAM B~~		4.2 NAME		
STREET ADDRESS	~~1800 HIGHWAY 17 NORTH, LOT 1~~		4.3 STREET ADDRESS		
CITY-ST-ZIP	~~BARTOW FL 33830~~		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	HOGAN, EMORY		5.2 NAME		
STREET ADDRESS	5029 ABC ROAD		5.3 STREET ADDRESS		
CITY-ST-ZIP	LAKE WALES FL		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (9/96)

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.

SIGNATURE: ~~James W. Altman~~ James W. Altman 1/20/97 (941) 537-2821
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0054934