FILED Sep 17, 2001 8:00 am Secretary of State

## **2001 UNIFORM BUSINESS REPORT (UBR)**

## DOCUMENT # N9400005386 1. Entity Name

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|--------|-------|-------|-------|---------|------|
| CITTO  | IAN   | TAN:  | VEO I | CHURCH. | INU. |

| UHNIO   | HAN HANVEST CHUNCH, INC.   |   |                                       | ( jak)  | )   | 09-17-2001 9001      | 12 023 **** 01 | 1.23                        |  |
|---|--|---|---------------------------------------|---|---|----------------------|----------------|-----------------------------|--|
| Principal Place of Business  3406 MTN. LK. GUTOFF RD LAKE WALES FL 33853 US |  | Mailing Address PO BOX 3 ALTURAS FL 33820 US            |                                       |   |   |                      |                |                             |  |
|   | Place of Business  | 3. Mailing Address                                      |                                       | VE.1  |   |                      |                |                             |  |
|   |  | <u> </u>  |                                       |   | ,   | *                    |                | #110 0111 10#1              |  |
| Suite, Apt. #, etc.   |  | Suite, Apt. #, etc.                                     |                                       |   |   | DO NOT WRITE IN T    | HIS SPACE      |                             |  |
| City & State  |  | City & State  |                                       |   | 4. FEI Number   | 59-3294804           |                | oplied For<br>ot Applicable |  |
| Zip Country   |  | Zip   | Country                               |   | 5. Certificate of S   | itatus Desired       | \$8.75 Add     | ditional                    |  |
|   | 6. Name and Address of Current R                                     | egistered Agent   | <br>Name                              |   | 7. Name and Add   | dress of New Registe | red Agent      | ,                           |  |
|   |  |   |                                       | t Address (P.O. Box Number is Not Acceptable) |   |                      |                |                             |  |
|   | WILLIAM B<br>FLANDS WAY  |   | Street                                | ny acampun                                    | F.O. BOX NUMBER IS  | Not Acceptable)      |                |                             |  |
| BARTOW FL 33830   |  |   | City                                  |   |   |                      | 7:- 0-4        |                             |  |
| z4*   | e named entity submits this statement for t                          | .,,,,   | City                                  |   |   |                      | FL Zip Cod     | e                           |  |
| FILE NOW: FEE IS \$61.25<br>After September 12, 2001, min. will be \$236.   |  | 9. Election Campaign Financing Trust Fund Contribution. |                                       |   | \$5.00 May Be Added to Fees Make Check Payable to Department of State   |                      |                |                             |  |
| 10.   | OFFICERS AND DIRE  | <del></del>   | 11.                                   | Ā   | ADDITIONS/CHANG   | ES TO OFFICERS AND   | DIRECTORS IN   | 10                          |  |
| TITLE<br>NAME<br>Street Address<br>City-St-Zip                              | D<br>ALTMAN, JAMES W<br>1554 BARNHORST ROAD<br>BARTOW FL             | ☐ Delete  | TITLE NAME STREET ADDRESS CITY-ST-ZIP |   |   |                      | ☐ Change       | Addition                    |  |
| TITLE<br>Name<br>Street address<br>City-St-Z <u>i</u> p                     | D<br>BURNETTE, RANDALL R<br>909 8TH STREET N.W.<br>MULBERRY_FL.33860 | Delete  | TITLE NAME STREET ADDRESS CITY-ST-ZIP |   | ry Ofte 8,<br>Ratherson<br>ks City, F   | =L 33844             | ☐ Change       | Addition                    |  |
| TITLE<br>Name<br>Street address<br>City-St-Zip                              | D<br>HASTINGS, JAMES R JR<br>1167 BARNHARST RD<br>BARTOW FL 33830    | ☐ Delete  | TITLE NAME STREET ADDRESS CITY-ST-ZIP |   | To the transfer to the transf | v →', <u>;</u> ;     | Change -       | ↑ Addition **               |  |
| TITLE<br>NAME<br>STREET ADORESS<br>CITY-ST-ZIP                              | D<br>STRICKLAND, MARK<br>129 KNOLLWOOD DR.<br>WINTER HAVEN FL        | <b>X</b> Delete   | TITLE NAME STREET ADDRESS CITY-ST-ZIP |   |   |                      | ☐ Change       | Addition                    |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                              | D<br>HOGAN, EMORY<br>5029 ABC ROAD<br>LAKE WALES FL                  | ☐ Delete  | TITLE NAME STREET ADDRESS CITY-ST-ZIP |   |   |                      | ☐ Change       | Addition                    |  |
| TITLE<br>NAME<br>Street address<br>City-St-Zip                              | D<br>BRYANTS, VERNON<br>141 3RD ST. WEST<br>WAHNETA FL               | ☐ Delete  | TITLE NAME STREET ADDRESS CITY-ST-ZIP |   |   |                      | ☐ Change       | Addition                    |  |

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.

9-9-200/ (863)676-0749