

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000005386

1. Entity Name

CHRISTIAN HARVEST CHURCH, INC.

Principal Place of Business

3406 MTN. LK. GUTOFF RD
LAKE WALES FL 33853
US

Mailing Address

PO BOX 3
ALTURAS FL 33820
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

59-3294804

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WELLS, WILLIAM B
271 HIGHLANDS WAY
BARTOW FL 33830

7. Name and Address of New Registered Agent

Name

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

3406 MOUNTAIN LAKE CUTOFF RD.

City

LAKE WALES

FL

Zip Code

33859

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

4-27-02

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 D ☐ Delete
NAME ALTMAN, JAMES W
STREET ADDRESS 1554 BARNHORST ROAD
CITY-ST-ZIP BARTOW FL

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

TITLE D ☐ Delete
NAME OTTE, LARRY SR
STREET ADDRESS 3122 PATTERSON ROAD
CITY-ST-ZIP HAINES CITY, FL 33844

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

TITLE D ☐ Delete
NAME HASTINGS, JAMES R JR
STREET ADDRESS 1167 BARNHARST RD
CITY-ST-ZIP BARTOW FL 33830

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

TITLE D ☐ Delete
NAME HOGAN, EMORY
STREET ADDRESS 5029 ABC ROAD
CITY-ST-ZIP LAKE WALES FL

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

TITLE D ☐ Delete
NAME BRYANTS, VERNON
STREET ADDRESS 141 3RD ST. WEST
CITY-ST-ZIP WAHNETA FL

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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 lines empowered.

SIGNATURE:

W. Wells

4-27-02

(813) 678-0749

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)