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## 2003 NOT-FOR-PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

## Jul 21, 2003 8:00 am **Secretary of State** DOCUMENT # **N94000005386** 07-21-2003 90138 018 \*\*\*\*61.25 CHRISTIAN HARVEST CHURCH, INC. Principal Place of Business Mailing Address PO BOX 3 3406 MTN: LK. CUTOFF RD ALTURAS FL 33820 LAKE WALES FL 33853 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES Applied For City & State City & State 4. FEI Number 59-3294804 Not Applicable Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent ames WELLS, WILLIAM B Street Address (P.O. Box Number is Not Acceptable) 3406 MTN. LK. CUTOFF RD 1554 Barnhorst LAKE WALES FL 33853 Zip Code 33830-9437 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. I am familiar with, and accept the obligations of registered agent. 7/8/2003 resident Sgnature, typed or printed name of registered agent and title if applicable. SIGNATURE. (NOTE: Registered Agent signature required when reinstating) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be After September 10, 2003, min will be \$236.25 Trust Fund Contribution. Added to Fees Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. President ☐ change TITLE ☐ Delete TITI F Addition ALTMAN, JAMES W James W. Altmon NAME NAME 1554 BARNHORST ROAD STREET ADDRESS Barnhorst STREET ADDRESS **BARTOW FL** CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition OTTE, LARRY SR NAME NAME 3122 PATTERSON ROAD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP HAINES CITY FL 33844 CITY-ST-ZIP ☐ Addition Delete TITI F ☐ Change TITLE HASTINGS, JAMES R JR NAME NAME 1167 BARNHARST RD STREET ADDRESS STREET ADDRESS CITY-ST-7IP BARTOW FL 33830 CITY-ST-ZIP TITLE □ Delete TITLE Change Addition HOGAN, EMORY NAME NAME 5029 ABC ROAD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LAKE WALES FL CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition BRYANTS, VERNON NAME NAME 141 3RD ST. WEST STREET ADDRESS STREET ADDRESS WAHNETA FL CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change TITLE TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

W. Altman 7/8/2003 (863) 537-2821 SIGNATURE:

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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

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changed, or on an attachment with an address, with all other like empowered.