

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris,
 Secretary of State
 DIVISION OF CORPORATIONS

Note:
 Filing Amended Annual Report
FILED

99 DEC -6 PM 5:23
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # N98000005666
 1. Corporation Name
FAMILY HARVEST CHURCH, Inc.

Principal Place of Business Mailing Address
 PO Box 211701 PO. Box 211701
 West Palm Beach, FL 33421-1701 West Palm Beach, FL 33421-1701

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21	26	10/1/99
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEL Number
22	27	65-0868134
City & State	City & State	Applied For
23	28	Not Applicable
Zip	Country	5. Certificate of Status Desired
24	25	<input type="checkbox"/> \$8.75 Additional Fee Required
29	30	6. Election Campaign Financing Trust Fund Contribution
		<input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
URSO, THOMAS 1352 Red Pine Trail West Blm Beach, FL 33414	B1 Name B2 Street Address (P.O. Box Number is Not Acceptable) B3 B4 City FL B5 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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PID URSO, THOMAS	1.2 NAME	S/D URSO, CHARLENE
STREET ADDRESS	1352 Red Pine Trail	1.3 STREET ADDRESS	1352 Red Pine Trail
CITY-ST-ZIP	West Palm Beach, FL 33414	1.4 CITY-ST-ZIP	West Palm Beach, FL 33414
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Christensen, Randy	2.2 NAME	
STREET ADDRESS	1080 Grand Duke way	2.3 STREET ADDRESS	
CITY-ST-ZIP	West Palm Beach, FL 33411	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Kautz, Don	3.2 NAME	700003078347--9
STREET ADDRESS	10 Cambridge Pl	3.3 STREET ADDRESS	-12/22/99--01082--012
CITY-ST-ZIP	Lantana, FL 33462	3.4 CITY-ST-ZIP	*****61.25 *****61.25
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 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, with all other like empowered.

SIGNATURE: Thomas Urso 10/1/99 (561) 798-1286
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/98)