

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N98000005666

FILED  
Apr 29, 2002 8:00 AM  
Secretary of State

Entity Name: FAMILY HARVEST CHURCH, INC.

**Current Principal Place of Business:**

P.O. BOX 211701  
WEST PALM BEACH, FL 334211701

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 211701  
WEST PALM BEACH, FL 334211701

**New Mailing Address:**

FEI Number: 65-0868234      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

URSO, THOMAS  
1352 RED PINE TRAIL  
WEST PALM BEACH, FL 33414      US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: PD      ( ) Delete  
Name: URSO, THOMAS  
Address: 1352 RED PINE TRAIL  
City-St-Zip: WEST PALM BEACH, FL 33414

Title: D      ( ) Delete  
Name: URSO, CHARLENE  
Address: 1352 RED PINE TR.  
City-St-Zip: WEST PALM BEACH, FL 33414

Title: D      ( ) Delete  
Name: DYSON, KEVIN  
Address: 6 PAXFORD LN.  
City-St-Zip: BOYNTON BCH, FL 33462

Title: SD      ( ) Delete  
Name: URSO, CHARLENE  
Address: 1352 RED PINE TRAIL  
City-St-Zip: WEST PALM BEACH, FL 33414

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: THOMAS URSO

P

04/29/2002

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date