

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000007335

1. Entity Name

HARVEST CHURCH WORSHIP CENTER, INC.

FILED
Mar 12, 2001 8:00 am
Secretary of State

03-12-2001 90015 004 ****61.25

Principal Place of Business

Mailing Address

2627 COVENTRY LANE
OCOE FL 34761

2627 COVENTRY LANE
OCOE FL 34761

00032848



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

6900 SILVER STAR

3. Mailing Address

2627 COVENTRY LANE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#211

City & State

ORLANDO, FL

City & State

OCOE, FL

4. FEI Number

59-3615565

Applied For

Not Applicable

Zip

Country

Zip

Country

32818

U.S.A

34761

U.S.A

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PETERS, JAMES
2627 COVENTRY LANE
OCOE FL 34761

Name

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

City

FL

Zip Code

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

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 ☐ Delete
NAME PETERS, JAMES
STREET ADDRESS 2627 COVENTRY LANE
CITY-ST-ZIP OCOEE FL 34761

TITLE ☐ Change ☐ Addition
NAME James Peters
STREET ADDRESS 2627 COVENTRY LANE
CITY-ST-ZIP OCOEE, FL 34761

TITLE ☐ Delete
NAME PETERS, GARY
STREET ADDRESS 2627 COVENTRY LANE
CITY-ST-ZIP OCOEE FL 34761

TITLE ☐ Change ☒ Addition
NAME THOOD KERRI
STREET ADDRESS 2627 COVENTRY LANE
CITY-ST-ZIP OCOEE, FL 34761

TITLE ☐ Delete
NAME BAKER, RANDOLPH
STREET ADDRESS 2627 COVENTRY LANE
CITY-ST-ZIP OCOEE FL 34761

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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 like empowered.

SIGNATURE:

James Peters REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/5/01
Date

4074672090
Daytime Phone #

CR2E037 (10/00)