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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N30438 (8)

1. Corporation Name
HARVEST CHRISTIAN COLLEGE AND SEMINARY, INC.

Principal Place of Business	Mailing Address
31912 LAKE ELSIE DRIVE TAVARES FL 32778 US	31912 LAKE ELSIE DRIVE TAVARES FL 32778 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/31/1989
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-2943387 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☑ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

9. Name and Address of Current Registered Agent

MILLS, MAYNARD A.
36 LAKEVIEW TERRACE DRIVE
ALTOONA FL 32702

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	☐ Change ☐ Addition
NAME	MILLS, MAYNARD A.	1.2 NAME	
STREET ADDRESS	36 LAKEVIEW TERRACE	1.3 STREET ADDRESS	900001394979
CITY-ST-ZIP	ALTOONA FL	1.4 CITY-ST-ZIP	-02/01/95--01041--006
TITLE	D	2.1 TITLE	*****61.25 ☐ Change ☐ Addition
NAME	STRUENING, MARIE	2.2 NAME	
STREET ADDRESS	292 RAINTREE DR. A-2	2.3 STREET ADDRESS	
CITY-ST-ZIP	ALTOONA FL	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	☐ Change ☐ Addition
NAME	MILLS, MARGO A.	3.2 NAME	
STREET ADDRESS	36 LAKEVIEW TERRACE	3.3 STREET ADDRESS	
CITY-ST-ZIP	ALTOONA FL	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	☐ Change ☐ Addition
NAME	PIPER, WILLIAM S.H.	4.2 NAME	
STREET ADDRESS	200 DOGWOOD LANE	4.3 STREET ADDRESS	
CITY-ST-ZIP	EASLEY SC	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	PALMER, NEVILLE	5.2 NAME	
STREET ADDRESS	8TH LINE RAILROAD #2	5.3 STREET ADDRESS	
CITY-ST-ZIP	GEORGETOWN,ONT.,CAN.	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: [signature] Jan. 24, '95 904 347-5164
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0032409