


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2005 8:00 am
Secretary of State

04-20-2005 90292 036 ****61.25

DOCUMENT # 709513 1. Entity Name HARVEST CHRISTIAN CHURCH OF GAINESVILLE, FLORIDA, INC.					
Principal Place of Business 4820 N.W. 34TH STREET GAINESVILLE, FL 32605-1199			Mailing Address 4820 N.W. 34TH STREET GAINESVILLE, FL 32605-1199		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-6509427	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
LITTRUP, VAUGHN 1717 NW 23RD AVE GB GAINESVILLE, FL 32605				Name JOEL H. BRENDemuHL Street Address (P.O. Box Number is Not Acceptable) 3120 NW 29th TERRACE City GAINESVILLE FL Zip Code 32605	
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. SIGNATURE <u><i>JOEL H. BRENDemuHL</i></u> (JOEL H. BRENDemuHL) 3/23/05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee Is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LITTRUP, VAUGHN		NAME		
STREET ADDRESS	1717 NW 23RD AVE GB		STREET ADDRESS		
CITY-ST-ZIP	GAINESVILLE, FL		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	FREAS, GORDON		NAME	D/V FREAS, GORDON	
STREET ADDRESS	4610 NW 16TH PL.		STREET ADDRESS	4610 NW 16th PL.	
CITY-ST-ZIP	GAINESVILLE, FL		CITY-ST-ZIP	GAINESVILLE, FL 32605	
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	BRENDemuHL, JOEL		NAME	O/P/T BRENDemuHL, JOEL	
STREET ADDRESS	3120 NW 29TH TERRACE		STREET ADDRESS	3120 NW 29th TERRACE	
CITY-ST-ZIP	GAINESVILLE, FL 32605		CITY-ST-ZIP	GAINESVILLE, FL 32605	
TITLE	SD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GLOVER, KENNETH		NAME		
STREET ADDRESS	5026 NW 36TH DRIVE		STREET ADDRESS		
CITY-ST-ZIP	GAINESVILLE, FL 32605		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: <u><i>JOEL H. BRENDemuHL</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			3/23/05 (352) 392-2186 <small>Date Daytime Phone #</small>		