

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 709589

1. Entity Name

HAROLD WARNER EVANGELISTIC ASSOCIATION, INC.

Principal Place of Business

9154 CR 647 C
BUSHNELL FL 33513

Mailing Address

9154 CR 647 C
BUSHNELL FL 33513-7714

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

59-1162921

Applied For

Not Applicable

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

WARNER, HAROLD
9154 CR 647 C
BUSHNELL FL 33513

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 PD ☐ Delete
NAME WARNER, HAROLD
STREET ADDRESS 9154 CR 647 C
CITY-ST-ZIP BUSHNELL FL 33513

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VD ☐ Delete
NAME NASWORTHY, ELBERT
STREET ADDRESS 2213 PRESERVATION DR.
CITY-ST-ZIP PLANT CITY FL 33567

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE SD ☐ Delete
NAME MELVIN, NED
STREET ADDRESS 34.2 BURLINGTON WOODS CT.
CITY-ST-ZIP LUTZ FL 33513

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 591 N. Jackson, Freeport, Fl.
CITY-ST-ZIP 32439

TITLE TD ☐ Delete
NAME WARNER, ELEANOR
STREET ADDRESS 9154 CR 647 C
CITY-ST-ZIP BUSHNELL FL 33513

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:

Harold Warner
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/3/2000

352-793-5034

Date

Daytime Phone #

CR2E037 (9/99)

FILED
Jan 20, 2000 8:00 am
Secretary of State

01-20-2000 90167 010 ****61.25

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DO NOT WRITE IN THIS SPACE