

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 04, 2002 8:00 am**  
**Secretary of State**

02-04-2002 90341 034 \*\*\*\*61.25

**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**

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	<b>WARNER, HAROLD</b>	
STREET ADDRESS	<b>9154 CR 647 C</b>	
CITY-ST-ZIP	<b>BUSHNELL FL 33513</b>	
TITLE	VD	<input type="checkbox"/> Delete
NAME	<b>NASWORTHY, ELBERT</b>	
STREET ADDRESS	<b>2213 PRESERVATION DR.</b>	
CITY-ST-ZIP	<b>PLANT CITY FL 33567</b>	
TITLE	SD	<input type="checkbox"/> Delete
NAME	<b>MELVIN, NED</b>	
STREET ADDRESS	<b>591 N JACKSON</b>	
CITY-ST-ZIP	<b>FREEPORT FL 32439</b>	
TITLE	TD	<input type="checkbox"/> Delete
NAME	<b>WARNER, ELEANOR</b>	
STREET ADDRESS	<b>9154 CR 647 C</b>	
CITY-ST-ZIP	<b>BUSHNELL FL 33513</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:** *[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**1/16/02 352-793-5034**

CR2E037 (9/01)