

# ANNUAL REPORT

**DOCUMENT # 709589**

1. Entity Name  
**HAROLD WARNER EVANGELISTIC ASSOCIATION, INC.**



**FILED**  
**Jan 12, 2005 08:00 AM**  
**Secretary of State**

Principal Place of Business

**9154 CR 647 C  
BUSHNELL, FL 33513**

Mailing Address

**9154 CR 647 C  
BUSHNELL, FL 33513**



01062005 No Chg-NP

CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

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**

**WARNER, HAROLD  
9154 CR 647 C  
BUSHNELL, FL 33513**

**DO NOT WRITE  
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25  
Due by May 1, 2005

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

*Jan 8, 2005*

**10. OFFICERS AND DIRECTORS**

TITLE	PD
NAME	WARNER, HAROLD
STREET ADDRESS	9154 CR 647 C
CITY-ST-ZIP	BUSHNELL, FL 33513
TITLE	VD
NAME	NASWORTHY, ELBERT
STREET ADDRESS	2213 PRESERVATION DR.
CITY-ST-ZIP	PLANT CITY, FL 33567
TITLE	SD
NAME	MELVIN, NED
STREET ADDRESS	591 N JACKSON
CITY-ST-ZIP	FREEPORT, FL 32439
TITLE	TD
NAME	WARNER, ELEANOR
STREET ADDRESS	9154 CR 647 C
CITY-ST-ZIP	BUSHNELL, FL 33513
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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*