## 2003 NOT-FOR-PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

## Jan 10, 2003 8:00 am Secretary of State **DOCUMENT # 709589** 1. Entity Name 01-10-2003 90031 014 \*\*\*\*61.25 HAROLD WARNER EVANGELISTIC ASSOCIATION, INC. Principal Place of Business Mailing Address 9154 CR 647 C 9154 CR 647 C BUSHNELL FL 33513 BUSHNELL FL 33513 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number 59-1162921 Applied For Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name WARNER, HAROLD Street Address (P.O. Box Number is Not Acceptable) 9154 CR 647 C **BUSHNELL FL 33513** City 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. 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 9. Election Campaign Financing FILE NOW: FEE IS \$61.25 \$5.00 May Be Make Check Payable to Trust Fund Contribution. Florida Department of State Added to Fees 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE PD ☐ Delete TITLE ☐ Change (10/02)☐ Addition WARNER, HAROLD NAME NAME STREET ADDRESS 9154 CR 647 C STREET ADDRESS CITY-ST-ZIP **CR2E037 BUSHNELL FL 33513** CITY-ST-ZIP VD TITLE ☐ Delete TITLE ☐ Change ☐ Addition NASWORTHY, ELBERT NAME NAME STREET ADDRESS 2213 PRESERVATION DR. STREET ADDRESS CITY-ST-ZIP PLANT CITY FL 33567 CITY-ST-ZIP SD ☐ Delete TITLE ☐ Change ■ Addition MELVIN, NED NAME STREET ADDRESS 591 N JACKSON STREET ADDRESS CITY-ST-ZIP FREEPORT FL 32439 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME WARNER, ELEANOR NAME STREET ADDRESS 9154 CR 647 C STREET ADDRESS CITY-ST-ZIP **BUSHNELL FL 33513** CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

**FILED** 

changed, or on an attachment with an address with all other like empowered. ROLD WARNER 1/8/03 **SIGNATURE** 

12. Thereby 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