

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 733513**

1. Entity Name

HARVEST MINISTRIES OF JACKSONVILLE, INC.

Principal Place of Business

**2550 FOURAKER RD
JACKSONVILLE FL 32210**

Mailing Address

**2550 FOURAKER RD
JACKSONVILLE FL 32210**

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 **59-1607579**

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

**SIMPSON, ORREN H
2510 FOURAKER RD
JACKSONVILLE FL 32210**

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 \$61.259. 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 **TD** ☐ Delete
NAME **WHEELER, THOMAS F**
STREET ADDRESS **9072 COUNTRY MILL LANE**
CITY-ST-ZIP **JACKSONVILLE FL 32222**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **VD** ☐ Delete
NAME **SMITH, CLIFTON**
STREET ADDRESS **7 WEST MAIN ST., SUITE 300**
CITY-ST-ZIP **APOPKA FL 32703**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **PD** ☐ Delete
NAME **SIMPSON, H. ORREN**
STREET ADDRESS **2510 FOURACRE ROAD**
CITY-ST-ZIP **JACKSONVILLE FL 32210**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **SD** ☐ Delete
NAME **WARREN, SHARON**
STREET ADDRESS **8488 BANDERA CIRCLE WEST**
CITY-ST-ZIP **JACKSONVILLE FL 32244**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ 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: *Orren Simpson* **Orren Simpson 4/29/02 904-786-6650**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
May 21, 2002 8:00 am
Secretary of State

05-21-2002 91177 007 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)