

# **2014 NOT-FOR-PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# 733513

**FILED**  
**Nov 07, 2014**  
**Secretary of State**

**Entity Name:** HARVEST MINISTRIES OF JACKSONVILLE, INC.

**Current Principal Place of Business:**

2550 FOURAKER RD  
JACKSONVILLE, FL 32210

**New Principal Place of Business:**

**Current Mailing Address:**

2550 FOURAKER RD  
JACKSONVILLE, FL 32210

**New Mailing Address:**

**FEI Number:** 59-1607579

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SMITH, BASCOM O JR  
2510 FOURAKER RD  
JACKSONVILLE, FL 32210 US

**Name and Address of New Registered Agent:**

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:** BASCOM O. SMITH, JR.

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** TD  
**Name:** WHEELER, THOMAS F  
**Address:** 9072 COUNTRY MILL LANE  
**City-St-Zip:** JACKSONVILLE, FL 32222

**Title:** VD  
**Name:** YON, NELL  
**Address:** 8012 LENOX AVENUE  
**City-St-Zip:** JACKSONVILLE, FL 32221

**Title:** PD  
**Name:** SMITH, BASCOM O JR  
**Address:** 2510 FOURAKER ROAD  
**City-St-Zip:** JACKSONVILLE, FL 32210

**Title:** SD  
**Name:** WARREN, SHARON  
**Address:** 8488 BANDERA CIRCLE WEST  
**City-St-Zip:** JACKSONVILLE, FL 32244

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

**SIGNATURE:** BASCOM O. SMITH, JR.

PD

11/07/2014

Electronic Signature of Signing Officer or Director

Date