## 2000 UNIFORM BUSINESS REPORT (UBR)

## **FILED DOCUMENT # 733816** Mar 01, 2000 8:00 am 1. Entity Name **Secretary of State** HARVEST LIFE CHURCH MINISTRIES OF CRESTVIEW. FLO 03-01-2000 90017 032 \*\*\*\*61.25 Principal Place of Business Mailing Address 5978 OLD BETHEL ROAD 5978 OLD BETHEL ROAD CRESTVIEW FL 32536-5534 CRESTVIEW FL 32536 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-2327138 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 7. Name and Address of New Registered Agent 6.. Name and Address of Current Registered Agent -Name Street Address (P.O. Box Number is Not Acceptable) JORDAN, STANLEY F. 5912 OAKHILL RD CRESTVIEW FL 32536 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW: 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. FEE IS \$61.25 Added to Fees Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. Addition STD Delete ☐ Change TITLE TITLE JORDAN, STANLEY F. NAME NAME STREET ADDRESS 5912 OAKHILL RD. STREET ADDRESS CITY-ST-7IP **CRESTVIEW FL** CITY-ST-ZIP ☐ Addition ☐ Delete TITLE Change PHILPOTT, JAMES NAME STREET ADDRESS 6240 HWY 85 N STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CRESTVIEW-FL TITLE ☐ Delete TITLE ☐ Change Addition HAVICE, DAVID NAME STREET ADDRESS 1352 LAKESHORE PLACE NW STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP GAINESVILLE GA 30501 TITLE PD ☐ Delete Change Addition BECCUE, ANDREW NAME NAME STREET ADDRESS STREET ADDRESS 216 BRITTANY LANE CITY-ST-ZIP CITY-ST-ZIP CRESTVIEW FL 32536 Addition ☐ Delete TITLE ☐ Change TITLE NAME BRYANT, ROBIN NAME STREET ADDRESS STREET ADDRESS 2482 KINGSTON RD CITY-ST-ZIP CITY-ST-ZIP CRESTVIEW FL 32536 Addition Delete TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

IGNATURE: CONSTRICT AND TYPED OF DENITED NAME OF SIGNING OFFICER OR DIRECTOR DATE DATE DATE DO BONTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DATE DATE DO BONTED NAME OF SIGNING OFFICER OR DIRECTOR

changed, or on an attachment with an address, with all other like empowered