FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 739620

HARVEST MINISTRIES, INC.

Principal Place of Business

POST OFFICE BOX 18530 PENSACOLA FL 32523

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

21

22

23

Mailing Address

2a. Mailing Address

City & State

Suite, Apt. #, etc.

26

27

28

POST OFFICE BOX 18530 PENSACOLA FL 32523

FILED Feb 11, 1999 8:00am **Secretary of State**

02-11-1999 90037 011 ****61.50



3. Date Incorporated or Qualifed

5. Certificate of Status Desired

07/08/1977

59-1833081

4. FEI Number

Zip									
4	Country 25	Zip	30	Country		Election Campaign Finar Trust Fund Contribution	ncing	\$5.00 h Added to	
<u>*</u>]	9. Name and Address of Current	11				10. Name and Address of	New Regist	ered Agent	
				81	Name				
EDANIZINI JAMITANA B									
FRANKLIN, WILLIAM B.				82 Street Address (P.O. Box Number is Not Acceptable)					
4490 WHISPER DR.				83				· · · · · · · · · · · · · · · · · · ·	
PENSACO	LA FL 32504								
				84	City			FL 85 Zip C	
office or re	to the provisions of Sections 617.0502 egistered agent, or both, in the State of m familiar with, and accept the obligat	of Florida. Such cha	nge was autho	orized by t	the corpora	rporation submits this statement f ation's board of directors. I hereby	accept the	appointment as reg	egistered istered
SIGNATURE		A SN- M applicable	(NOTE: Pos	intered Ameni	rimoshire regul	uired when reinstating)	DA	TE	· ·
12.	Signature, typed or printed name of registered agent OFFICERS ANI		(NOTE: Reg	13.	seriature redu	ADDITIONS/CHANGES T			RS IN 12
TITLE	PD OFFICERS AND		DELETE	1.1 TITLE		*		Change	Addition
	FRANKLIN, WILLIAM B.			1.2 NAME	,	•		_ •	
NAME .	4490 WHISPER DR.			1.3 STREET	*DODECC				
STREET ADDRESS			1		- 1	•			
CITY-ST-ZIP	PENSACOLA FL		DELETE	1.4 CITY-ST	-ZIP			Change	Addition
TITLE	VPD	Ц	VELE1E .	2.1 TITLE		•			
NAME	FRANKLIN, WILLIAM B. J			2.2 NAME		•			
STREET ADDRESS	4490 WHISPER DR.			2.3 STREET	ADDRESS			•	
CITY-ST-ZIP	PENSACOLA FL			2.4 CITY-S	T-ZIP				- A - J - 242
TITLE	STD		DELETE	3.1 TITLE				Change	Addition
NAME	Franklin, Dorothy E.			3.2 NAME					
STREET ADDRESS	4490 WHISPER DR.			3.3 STREET	ADDRESS				
CITY-ST-ZIP	PENSACOLA FL			3.4. CITY-S	T-ZIP			*	
TITLE	D		DELETE	4.1 TITLE				Change	☐ Addition
NAME	MILLIGAN, JOHN			4. 2 NAME					
STREET ADDRESS	900 W. JAMES LEE BLVD.			4.3 STREET	ADDRESS				
ÇITY-ST-ZIP	CRESTVIEW FL			4.4 CITY-S1	-ZIP		1		1 13
TITLE	D		DELETE	5.1 TITLE				Change	Addition
NAME .	POWELL, RICHARD H.			5.2 NAME	1				
STREET ADDRESS	92 EGLIN PARKWAY NE			5.3 STREET	ADDRESS				
CITY-ST-ZIP	FT. WALTON BEACH FL			5.4 CITY-\$1	-ZIP				
TITLE	D		DELETE	6.1 TITLE				☐ Change	☐ Addition
NAME	REEDER, LARRY E.			6.2 NAME				_ -	
	640 N. OVERBROOK DR.			6.3 STREET	ADDRESS				
STREET ADDRESS	FT. WALTON BEACH FL			6.4 CITY-S1					
CITY-ST-ZIP									

are and that thy signature shall have the same logal effect as it made those oath, that i am a secute this report as required by Chapter 617, Florida Statutes; and that my name appears in

Applied For

\$8.75 Additional

Fee Required

Not Applicable