

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 20, 2001 8:00 am
Secretary of State

03-20-2001 90003 041 ****61.25

DOCUMENT # 754176

1. Entity Name

HARVEST TEMPLE CHURCH, INC.

Principal Place of Business

13301 WALSINGHAM RD
 LARGO FL 34644

Mailing Address

13301 WALSINGHAM RD
 LARGO FL 34644

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

33774

Country

Zip

33774

Country

4. FEI Number

59-1118435

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

DENHAM, DALE T.
7616 CUMBERLAND RD.
LARGO FL 33777

7. Name and Address of New Registered Agent

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 \$61.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE ☒ Delete
 NAME **VD MARK BRAGUE**
 STREET ADDRESS **13301 WALSINGHAM RD #B**
 CITY-ST-ZIP **LARGO FL 33774**

TITLE ☐ Delete
 NAME **PD DENHAM, DALE T**
 STREET ADDRESS **7616 CUMBERLAND RD.**
 CITY-ST-ZIP **LARGO FL 33777**

TITLE ☐ Delete
 NAME **SD BURMOOD, CAROL**
 STREET ADDRESS **2131 RIDGE ROAD #E27**
 CITY-ST-ZIP **LARGO FL 33770**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☒ Change ☐ Addition
 NAME **VD MELODY DENHAM**
 STREET ADDRESS **7616 CUMBERLAND RD**
 CITY-ST-ZIP **LARGO, FL. 33777**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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:

SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-7-01

727-595-2084

CR2E037 (10/00)