

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**Sep 06, 2000 08:00 AM**  
**Secretary of State**

**DOCUMENT # 757470**

1. Entity Name  
 HARVEST MINISTRIES, ROB HAWKS EVANGELIST ASSOCIATION, INC.

Principal Place of Business 3625 STARLIGHT AVE MERRITT ISLAND FL 32953	Mailing Address 3625 STARLIGHT AVE MERRITT ISLAND FL 32853
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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DO NOT WRITE IN THIS SPACE

City & State	City & State	4. FEI Number <b>59-2864435</b>	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
HAWKS, WILLIAM R REV 3625 STARLIGHT AVE MERRITT ISLAND FL 32817		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 \_\_\_\_\_ DATE **09/06/2000**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

<b>FILE NOW: FEE IS \$61.25</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	<b>Make Check Payable to Department of State</b>
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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	A	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	STEPHENS REV CARL			NAME			
STREET ADDRESS	2008 N GOLDENROD ROAD			STREET ADDRESS			
CITY-ST-ZIP	ORLANDO FL			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BERNEY MARK			NAME			
STREET ADDRESS	1890 N COURTENAY PKWY			STREET ADDRESS			
CITY-ST-ZIP	MERRITT ISLAND FL			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HAWKS VIRGINIA			NAME			
STREET ADDRESS	6225 STARLIGHT AVE			STREET ADDRESS			
CITY-ST-ZIP	MERRITT ISLAND FL			CITY-ST-ZIP			
TITLE	STD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HAWKS RHONDA BEA			NAME			
STREET ADDRESS	3625 STARLIGHT AVE			STREET ADDRESS			
CITY-ST-ZIP	MERRITT ISLAND FL			CITY-ST-ZIP			
TITLE	VD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HAWKS BILL SR.			NAME			
STREET ADDRESS	3625 STARLIGHT AVE.			STREET ADDRESS			
CITY-ST-ZIP	MERRITT ISLAND FL			CITY-ST-ZIP			
TITLE	PD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HAWKS, REV WILLIAM R, JR			NAME			
STREET ADDRESS	3625 STARLIGHT AVE			STREET ADDRESS			
CITY-ST-ZIP	MERRITT ISLAND FL			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.