

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 07, 2001 8:00 am
Secretary of State

06-07-2001 90003 030 ****61.25

DOCUMENT # 757470

1. Entity Name

HARVEST MINISTRIES, ROB HAWKS EVANGELIST ASSOCIA

Principal Place of Business

3625 STARLIGHT AVE
 MERRITT ISLAND FL 32953
 US

Mailing Address

3625 STARLIGHT AVE
 MERRITT ISLAND FL 32853
 US

661271



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2822 Forsyth Rd Suite 102

Suite, Apt. #, etc.
 Suite 102

City & State
 WINTER PARK FL

Zip Country
 32792 FL

3. Mailing Address

SARASOTA

Suite, Apt. #, etc.

City & State

Zip Country

4. FEI Number

59-2864435

Applied For
 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

HAWKS, WILLIAM R REV
 3625 STARLIGHT AVE
 MERRITT ISLAND FL 32817

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.

5/1/01
 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	PD	<input type="checkbox"/> Delete
NAME	HAWKS, REV WILLIAM R, JR	
STREET ADDRESS	3625 STARLIGHT AVE	
CITY-ST-ZIP	MERRITT ISLAND FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	HAWKS, BILL SR.	
STREET ADDRESS	3625 STARLIGHT AVE.	
CITY-ST-ZIP	MERRITT ISLAND FL	
TITLE	STD	<input type="checkbox"/> Delete
NAME	HAWKS, RHONDA BEA	
STREET ADDRESS	3625 STARLIGHT AVE	
CITY-ST-ZIP	MERRITT ISLAND FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	HAWKS, VIRGINIA	
STREET ADDRESS	6225 STARLIGHT AVE	
CITY-ST-ZIP	MERRITT ISLAND FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BERNEY, MARK	
STREET ADDRESS	1890 N COURTENAY PKWY	
CITY-ST-ZIP	MERRITT ISLAND FL	
TITLE	A	<input type="checkbox"/> Delete
NAME	STEPHENS, REV CARL	
STREET ADDRESS	2008 N GOLDENROD ROAD	
CITY-ST-ZIP	ORLANDO FL	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	SD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JAY AULT	
STREET ADDRESS	2822 Forsyth Rd Suite 102	
CITY-ST-ZIP	Winter Park FL 32792	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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.

SIGNATURE:

William R Hawks

CR2E037 (10/00)