

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 04, 2003 8:00 am
Secretary of State

02-04-2003 90077 011 ****61.25

DOCUMENT # 757470



1. Entity Name
**HARVEST MINISTRIES, ROB HAWKS EVANGELIST ASSOCIA
TION, INC.**

Principal Place of Business

**2822 FORSYTH RD STE 102
STE 102
WINTER PARK FL 32792
US**

Mailing Address

**2822 FORSYTH RD STE 102
STE 102
WINTER PARK FL 32792
US**

90017439



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

472 South Econ Circle

Suite, Apt. #, etc.

Suite 102

City & State

Oviedo, FL

Zip

32765

Country

US

3. Mailing Address

472 South Econ Circle

Suite, Apt. #, etc.

Suite 102

City & State

Oviedo, FL

Zip

32765

Country

US

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. I am familiar with, and accept the obligations of registered agent.

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
Florida 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	SD	<input type="checkbox"/> Delete
NAME	AULT, JAY	
STREET ADDRESS	2822 FORSYTH RD STE 102	
CITY-ST-ZIP	WINTER PARK FL 32792	
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	<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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	4125 Pebble Brook
CITY-ST-ZIP	Orlando, FL 32820
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: _____

SIGNATURE REQUIRED

2-20-03

CR2E037 (10/02)