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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **765909**

1. Corporation Name
HARVEST TABERNACLE OF SARASOTA, INC.

Principal Place of Business	Mailing Address
209 N. LIME AVENUE SARASOTA FL 34236	209 N. LIME AVENUE SARASOTA FL 34236

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 12/01/1982
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2186807 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
MINOR, MARGARET G 3111 49TH ST. SARASOTA FL 34234	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	MINOR, JAMES		1.2 NAME		
STREET ADDRESS	3111 49TH STREET		1.3 STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL 34234		1.4 CITY-ST-ZIP		
TITLE	VST	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	MINOR, MARGARET G		2.2 NAME		
STREET ADDRESS	3111 49TH ST.		2.3 STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL 34234		2.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	3.1 TITLE		☒ Change ☐ Addition
NAME	WAINRIGHT, RON		3.2 NAME		
STREET ADDRESS	1316 N. OCNRAD AVE.		3.3 STREET ADDRESS	728 Dean Ave.	
CITY-ST-ZIP	SARASOTA FL 34237		3.4 CITY-ST-ZIP	Sarasota, FL 34237	
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	AMMONS, CLEO		4.2 NAME		
STREET ADDRESS	1210 29TH ST. E		4.3 STREET ADDRESS		
CITY-ST-ZIP	PALMETTO FL 34221		4.4 CITY-ST-ZIP		
TITLE	D	☒ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	YOUNG, ROD		5.2 NAME		
STREET ADDRESS	3069 WOOD ST.		5.3 STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL 34237		5.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	6.1 TITLE		☒ Change ☐ Addition
NAME	MINOR, JAMES R		6.2 NAME		
STREET ADDRESS	3111 49TH ST.		6.3 STREET ADDRESS	4085 47th ST	
CITY-ST-ZIP	SARASOTA FL 34234		6.4 CITY-ST-ZIP	Sarasota, FL 34235	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Margaret G. Minor **REQUIRED** Margaret G. Minor 4-12-99 (941) 355-5935
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (11/98)