## 2000 UNIFORM BUSINESS REPORT (UBR)

## **FILED DOCUMENT # 765909** Apr 18, 2000 8:00 am Secretary of State 1. Entity Name HARVEST TABERNACLE OF SARASOTA, INC. 04-18-2000 90250 020 \*\*\*\*61.25 Principal Place of Business Mailing Address 209 N. LIME AVENUE 209 N. LIME AVENUE SARASOTA FL 34237-6123 SARASOTA FL 34236 2. Principal Place of Business 3. Mailing Address Samo Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Same Applied For 4. FEI Number City & State 59-2186807 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) MINOR, MARGARET G 3111 49TH ST. SARASOTA FL 34234 Zip Code City FL 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to FILE NOW: \$5.00 May Be Trust Fund Contribution. $\Box$ Added to Fees Department of State FEE IS \$61.25 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. ☐ Addition TITLE Change TITLE ☐ Delete MINOR, JAMES NAME NAME STREET ADDRESS 3111 49TH STREET STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SARASOTA FL 34234 ☐ Change ☐ Addition ☐ Delete TITLE TITLE MINOR, MARGARET G NAME NAME STREET ADDRESS STREET ADDRESS 3111 49TH ST. CITY-ST-ZIP CITY-ST-ZIP SARASOTA FL 34234 ☐ Delete Change Addition TITLE TITLE WAINRIGHT, RON NAME NAME STREET ADDRESS 728 OCEAN AVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SARASOTA FL 34237 Change ☐ Addition TITI F TITLE ☐ Delete AMMONS, CLEO NAME NAME STREET ADDRESS STREET ADDRESS 1210 29TH ST. E CITY-ST-ZIP CITY-ST-ZIP PALMETTO FL 34221 Change TITLE ☐ Addition Delete James R Minor MINOR, JAMES R NAME 4085 47th St STREET ADDRESS STREET ADDRESS 7085 47TH ST CITY-ST-ZIP CITY-ST-ZIP SARASOTA FL 34235 ☐ Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.