

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# 765909

FILED
Jan 17, 2003
Secretary of State

Entity Name: HARVEST TABERNACLE OF SARASOTA, INC.

Current Principal Place of Business:

209 N. LIME AVENUE
SARASOTA, FL 34237

New Principal Place of Business:

Current Mailing Address:

209 N. LIME AVENUE
SARASOTA, FL 34237

New Mailing Address:

FEI Number: 59-2186807

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MINOR, MARGARET G
3111 49TH ST.
SARASOTA, FL 34234 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: MINOR, JAMES W
Address: 3111 49TH STREET
City-St-Zip: SARASOTA, FL 34234

Title: VST () Delete
Name: MINOR, MARGARET G
Address: 3111 49TH ST.
City-St-Zip: SARASOTA, FL 34234

Title: D () Delete
Name: WAINRIGHT, RON
Address: 728 DEAN AVE
City-St-Zip: SARASOTA, FL 34237

Title: D () Delete
Name: AMMONS, CLEO
Address: 1210 29TH ST. E
City-St-Zip: PALMETTO, FL 34221

Title: D () Delete
Name: MINOR, JAMES R
Address: 4085 -47TH ST.
City-St-Zip: SARASOTA, FL 34235

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARGARET G MINOR

VP

01/17/2003

Electronic Signature of Signing Officer or Director

Date