FILE NOW: FILING FEE IS \$61.25

Mailing Address

2767 DIANE TERRACE

CLEARWATER FL 34619

NONPROFIT CORPORATION ANNUAL REPORT

Principal Place of Business

2767 DIANE TERRACE

CLEARWATER FL 34619



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998 DIVISION OF COUMENT # F9400006018 (5)

HARVEST CHRISTIAN CENTER, INC.

FILED Feb 03 1998 8:00am Secretary of State

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Applied For

3. Date Incorporated or Qualified

11/22/1994

4. FEI Number

					31-1383975		Not Applicable	
l '	lace of Business	2a. Mailing Address			5. Certificate of Status Desired	\$8.75	5 Additional	
21 3851 62ND AUE N. 26					3. Certificate of diatos bearing	Fee	Required	
Suite, Apt. #, etc. Suite, Apt. #, etc.					6. Election Campaign Financing \$5.00 May Be			
22 Suité C,D,E,F 27					Trust Fund Contribution	Added	to Fees	
City & State City & State					7. Is this nonprofit corporation a homeowner		tion?	
23 Pin Ellas PARK Fla. 28					☐ Yes	X No		
Zip Country Zip Cou					8. This corporation owes or has paid the current year Intangible			
24 337			30			Yes	X No	
	9. Name and Address of Currer	it Registered Agent			10. Name and Address of New Registered	i Agent		
			81	Name				
MARINO, KEVIN				82 Street Address (P.O. Box Number is Not Acceptable)				
2767 DIANE TERRACE				distribution (i.e. box ramos to res recognized)				
CLEARWATER FL 34619								
			84	City	FI	85 Zi	ip Code	
11. Pursuant I	to the provisions of Sections 617.050	2 and 617.1508. Florida Statuter	s, the above	-named corpo	ration submits this statement for the purpose	of changing	its registered	
office or re	egistered agent, or both, in the State	of Florida. Such change was au	thorized by	the corporation	on's board of directors. I hereby accept the ap	pointment	as registered	
	m lamiliar with, and accept the obligi	mons of, Section 617.0503, Flori	iua Siatutes	i.				
SIGNATURE _	Signature, typed or printed name of registered aga	at and little if applicable (NOTE:	Booktored &co	nt signature required	d when reinstation) DATE			
12.	OFFICERS AN		13.	nt signature required	ADDITIONS/CHANGES TO OFFICERS AN	ID DIBECTO	ORS IN 12	
TITLE	PCD	DELETE	1.1 TITLE		ADDITIONO/OF ANTOCO TO OFFICE IO TO	[] Change		
NAME	MARINO, KEVIN	<u></u> 5224-5	1.2 NAME					
	2767 DIANE TERRACE							
STREET ADDRESS			1.3 STREET		:			
CITY-ST-ZIP	CLEARWATER FL 34619 VD	☐ DELETE	1.4 CITY - S	T-ZIP		Change	e Addition	
TITLE	• -	[_] OBTE IF	2.1 TITLE			Change	3 L Addition	
NAME	MARINO, CHERI		2.2 NAME	1	25 C3			
STREET ADDRESS	2767 DIANE TERRACE			ADDRESS	***			
CITY-ST-ZIP	CLEARWATER FL 34619		2. 4 CITY - S	T-ZIP				
TITLE	SD	DELETE 3.1 TI		1		Change	e [! Addition	
NAME	TAYLOR, DWIGHT							
STREET ADDRESS	6423 PLANKTON DRIVE		3.3 STREET	ADDRESS				
CITY-ST-ZIP	COLUMBUS OH		3.4. CITY-S	T-ZIP				
TITLE		☐ DELETE	4,1 TITLE			Change	e 🔲 Addition	
NAME			4, 2 NAME	1				
STREET ADDRESS			4,3 STREET	ADDRESS				
CITY-ST-ZIP			4.4 CITY-ST	r-ZIP				
TITLE		DELETE	5.1 TITLE			Change	Addition	
NAME			5.2 NAME	ļ		-		
STREET ADDRESS			5.3 STREET	ADDRESS				
CITY-ST-ZIP			5,4 CITY-ST					
TITLE		DELETE	6.1 TITLE	- Elf		Change	Addition	
NAME			6.2 NAME	ţ				
1								
STREET ADDRESS			6.3 STREET					
CITY-ST-ZIP	mate. the state to the state of	th this file - doo	6.4 CITY-ST		online 110 07/21/0 Florida Statuta I forth	musify, strass it	an Information	
14. I hereby of indicated of	erury mat the information supplied wi on this annual report or supplementa	in this filing does not quality for I annual report is true and accur	ine exempt ate and tha	ion stated in Si it my signature	ection 119.07(3)(i), Florida Statutes, I further c shall have the same legal effect as if made u	eraty that th nder oath: t	ie intormation hat I am an	
officer or o	tirector of the corporation or the rece	iver or trustee empowered to ex	ecute this r	eport as requir	red by Chapter 617, Florida Statutes; and that	my name a	ippears in	
Block 12 c	or Block 13 if changed, or on an attac	AIITIERI WILL ALI ACCIESS.					•	