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**May 07, 1999 8:00 am**  
**Secretary of State**

05-07-1999 90031 026 \*\*\*\*70.00

NONPROFIT  
 CORPORATION  
 ANNUAL REPORT  
**1999**



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

**DOCUMENT # F94000006018**

1. Corporation Name

**HARVEST CHRISTIAN CENTER, INC.**

Principal Place of Business

3851 62ND AVE N  
 STE C.D.E.F  
 PINELLAS PARK FL 33781  
 US

Mailing Address

2767 DIANE TERRACE  
 CLEARWATER FL 34619



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 2767 DIANE TERRACE

27 Suite, Apt. #, etc.

28 City & State

CLEARWATER FL

29 Zip

33759

Country

30 USA

3. Date Incorporated or Qualified

11/22/1994

4. FEI Number

31-1383975

Applied For

Not Applicable

5. Certificate of Status Desired

X

**\$8.75** Additional  
 Fee Required

6. Election Campaign Financing

□

**\$5.00** May Be  
 Added to Fees

9. Name and Address of Current Registered Agent

MARINO, KEVIN  
 2767 DIANE TERRACE  
 CLEARWATER FL 34619

SAME REGISTERED  
 AGENT  
 JUST A CHANGE  
 IN ZIP CODE

10. Name and Address of New Registered Agent

81 Name

MARINO, KEVIN

82 Street Address (P.O. Box Number is Not Acceptable)

2767 DIANE TERRACE

83

84 City

CLEARWATER

85

Zip Code

33759

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

TITLE PCD ☐ DELETE

NAME MARINO, KEVIN

STREET ADDRESS 2767 DIANE TERRACE

CITY-ST-ZIP CLEARWATER FL 34619

TITLE VD ☐ DELETE

NAME MARINO, CHERI

STREET ADDRESS 2767 DIANE TERRACE

CITY-ST-ZIP CLEARWATER FL 34619

TITLE SD ☐ DELETE

NAME TAYLOR, DWIGHT

STREET ADDRESS 6423 PLANKTON DRIVE

CITY-ST-ZIP COLUMBUS OH

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☒ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

T  
 WHITE, FRANK  
 3703 CORONA  
 TAMPA FL 33629

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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:

*Kevin Marino*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

KEVIN MARINO 1-20-99 727-669-4322

Date

Daytime Phone #

CR2E037 (11/98)