

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 13, 2007 08:00 AM
Secretary of State

DOCUMENT # N00000000323

1. Entity Name
COMMUNITY HARVEST BAPTIST CHURCH, INC.



Principal Place of Business
**14915 SE 36TH AVE
SUMMERFIELD, FL 34491**

Mailing Address
**14915 SE 36TH AVE
SUMMERFIELD, FL 34491**



02072007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3635515

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**HAMES, THOMAS D
945 SE 162ND PL
SUMMERFIELD, FL 34491**

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	HAMES, THOMAS D
STREET ADDRESS	945 SE 162ND ST.
CITY-ST-ZIP	SUMMERFIELD, FL 34491
TITLE	D
NAME	PACKER, TONY SR
STREET ADDRESS	14970 SE 34TH TERR.
CITY-ST-ZIP	SUMMERFIELD, FL 34491
TITLE	D
NAME	BOYER, STEVE
STREET ADDRESS	15025 SW 39TH CR
CITY-ST-ZIP	OCALA, FL 34473
TITLE	D
NAME	STEVENSON, DENNIS
STREET ADDRESS	2659 SE HWY. 484
CITY-ST-ZIP	BELLEVUE, FL 34420
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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02/22/07-80020-018 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 another like empowered.

SIGNATURE: *Thomas D. Hames*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-11-07

Date

Daytime Phone #