

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000003382

1. Entity Name

Time of Harvest Ministries Inc.

Principal Place of Business

Mailing Address

914 Coble Dr  
Tallahassee, FL 32301

2. Principal Place of Business

3. Mailing Address

914 Coble Dr

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

32301

Florida

4. FEI Number

☒ Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Stephanie Nunne  
914 Coble Dr  
Tallahassee, FL 32301

Name

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

City

**FL**

Zip Code

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

Stephanie Nunne

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

(NOTE: Registered Agent signature required when reinstating)

9-17-01

DATE

**FILE NOW:**  
**FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**Make Check Payable to:**  
**Department of State**

10. OFFICERS AND DIRECTORS

TITLE	<u>Director</u>	<input type="checkbox"/> Delete
NAME	<u>Stephanie Nunne</u>	
STREET ADDRESS	<u>914 Coble Dr</u>	
CITY-ST-ZIP	<u>Tallahassee, FL 32301</u>	
TITLE	<u>Asst. Director</u>	<input type="checkbox"/> Delete
NAME	<u>Linda Latimer</u>	
STREET ADDRESS	<u>914 Coble Dr</u>	
CITY-ST-ZIP	<u>Tall. FL 32301</u>	
TITLE	<u>Trustee</u>	<input type="checkbox"/> Delete
NAME	<u>Eddie Nunne</u>	
STREET ADDRESS	<u>914 Coble Dr</u>	
CITY-ST-ZIP	<u>Tall. FL 32301</u>	
TITLE	<u>Asst Trustee</u>	<input type="checkbox"/> Delete
NAME	<u>Lucinda Bennett</u>	
STREET ADDRESS	<u>914 Coble Dr</u>	
CITY-ST-ZIP	<u>Tall. FL 32301</u>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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\*\*\*\*\*61.25 \*\*\*\*\*61.25

**LS**

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.

SIGNATURE:

Stephanie Nunne

9-17-01

**FILED**

**01 SEP 17 AM 10:59**

**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**

DO NOT WRITE IN THIS SPACE

CR2E037 (11/00)