

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000003475

1. Entity Name

DAVID HARP MINISTRIES, INC.

Principal Place of Business

617 S LAKEVIEW AVE
WINTER GARDEN FL 34787

Mailing Address

617 S LAKEVIEW AVE
WINTER GARDEN FL 34787

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

31-1724702

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

GANT, DEBRA
617 S LAKEVIEW AVE
WINTER GARDEN FL 34787

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

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

(NOTE: Registered Agent signature required when reinstating)

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 PD
NAME HARP, DAVID
STREET ADDRESS 617 S LAKEVIEW AVE
CITY-ST-ZIP WINTER GARDEN FL 34787 ☐ Delete

TITLE VD
NAME HARP, JACQUELYN
STREET ADDRESS 617 S LAKEVIEW AVE
CITY-ST-ZIP WINTER GARDEN FL 34787 ☐ Delete

TITLE TD
NAME HARP, DAVID JR
STREET ADDRESS 617 S LAKEVIEW AVE
CITY-ST-ZIP WINTER GARDEN FL 34787 ☐ Delete

TITLE SD
NAME GANT, DEBORAH
STREET ADDRESS 617 S LAKEVIEW AVE
CITY-ST-ZIP WINTER GARDEN FL 34787 ☐ Delete

TITLE D
NAME ZANDERS, BETTY
STREET ADDRESS 617 S LAKEVIEW AVE
CITY-ST-ZIP WINTER GARDEN FL 34787 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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: *Debra Gant* REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-16-2001

407 656 4000

Date

Daytime Phone #

CR2E037 (10/00)

FILED
Feb 26, 2001 8:00 am
Secretary of State

01-25-2001 90232 046 ****61.25



DO NOT WRITE IN THIS SPACE