

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000004314

1. Entity Name

MESSIAH'S HARVEST CHURCH, INC.

FILED
Apr 11, 2002 8:00 am
Secretary of State

04-11-2002 90044 012 ****70.00

0058438

Principal Place of Business 14 CONIFER CIR. MIDDLEBURG FL 32068	Mailing Address 14 CONIFER CIR. MIDDLEBURG FL 32068
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address P.O. Box 65446 Suite, Apt. #, etc.
City & State	City & State Orange Park, FL
Zip	Country 32065 CLAY



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3664926	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent RALEY, MASON D. 14 CONIFER CIR. MIDDLEBURG FL 32068	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 *Mason D. Raley* President *Mason D. Raley* 4-3-02
Signature, typed or printed name of registered agent and (if not 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCOB RALEY, MASON D 14 CONIFER CIR. MIDDLEBURG FL 32068 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD LOSSBIN, ROBERT E JR 1960 TIMUCANA TRAIL MIDDLEBURG FL 32068 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Lossen, Robert E, Jr</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>1960 Timucua Trail</i> <i>Spelling Corrections</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD LOSSEN, ROBERT E JR. 1960 TIMUCUA TR. MIDDLEBURG FL 32068 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HOLLIDAY, WINONA G 8102 COATBRIDGE LN. EAST JACKSONVILLE FL 32244 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOLSTON, JOHN JR. 2927 WATERVIEW CIR. ORANGE PARK FL 32073 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RALEY, DIANNA M 14 CONIFER CIR. MIDDLEBURG FL 32068 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 *Mason D. Raley* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR *Mason D. Raley* 4-3-02 904-211-5043
Date Daytime Phone #

CR2E037 (9/01)