

DOCUMENT # N00000005686

1. Entity Name

HARVEST HOUSE OF JACKSONVILLE, INC.

1/11

FILED
Mar 07, 2001 8:00 am
Secretary of State

01-16-2001 90097 015 ****61.25

Principal Place of Business

10551 BEACH BLVD.
JACKSONVILLE FL 32246

Mailing Address

10551 BEACH BLVD.
JACKSONVILLE FL 32246

2. Principal Place of Business

222 E. DUVAL ST.

3. Mailing Address

Suite, Apt. #, etc.

JACKSONVILLE, FL

Suite, Apt. #, etc.

City & State

32202 USA

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3665506

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

WASHINGTON, RODNEY J
10551 BEACH BLVD.
JACKSONVILLE FL 32246

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

B. 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 state if applicable.

(NOTE: Registered Agent signature required when resigning)

DATE

FILE NOW:
FEE IS \$61.259. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to FeesMake 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	President, Pastor Rodney J. Washington D 13680 Markham Hill Dr. Jacksonville, FL 32256
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President, April V. Washington J 13680 Markham Hill Dr. Jacksonville, FL 32256
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary, LaVonia Magee T 4764 Fireside Drive W. Jacksonville, FL 32210
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer, Broderick Pettaway T 12021 McCormick Drive Jacksonville, FL 32256

TITLE NAME STREET ADDRESS 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)(1), 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 817, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAN 5TH 2001 904-724-6769

Date

Daytime Phone #

CR2E037 (10/00)