

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000006818

1. Entity Name

REAPERS OF THE HARVEST MINISTRIES, INC.

**FILED**  
**Mar 06, 2002 8:00 am**  
**Secretary of State**

03-06-2002 90093 033 \*\*\*\*\*70.00

Principal Place of Business

Mailing Address

RT. 4, BOX 269-A  
GREENVILLE FL 32331

RT. 4, BOX 269-A  
GREENVILLE FL 32331

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3681576

Applied For

Not Applicable

Zip

Country

Zip

Country

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

SAMUEL BASS, HARRY SR  
RT. 4, BOX 269-A  
GREENVILLE FL 32331

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE P ☐ Delete  
NAME SAMUEL BASS, HARRY SR  
STREET ADDRESS RT. 4, BOX 269-A  
CITY-ST-ZIP GREENVILLE FL 32331

T ☐ Change ☒ Addition  
NAME CINDY GRIFFITHS  
STREET ADDRESS 1010 PAUL RUSSELL ROAD  
CITY-ST-ZIP TALLAHASSEE FL 32301

TITLE S ☐ Delete  
NAME BASS, BURDETTE C  
STREET ADDRESS RT. 4, BOX 269-A  
CITY-ST-ZIP GREENVILLE FL 32331

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

TITLE VP ☐ Delete  
NAME PETERSON, CHRIS  
STREET ADDRESS RT. 5, BOX 5299  
CITY-ST-ZIP MONTICELLO FL 32344

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

TITLE D ☐ Delete  
NAME GRIFFITHS, BOBBY  
STREET ADDRESS 1010 PAUL RUSSELL ROAD  
CITY-ST-ZIP TALLAHASSEE FL 32301

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

TITLE D ☐ Delete  
NAME BROWNING, JOHN  
STREET ADDRESS 1655 PEARSON HWY  
CITY-ST-ZIP HOMERVILLE GA 31634

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

TITLE D ☐ Delete  
NAME CULPEPPER, CHARLES  
STREET ADDRESS 1010 PAUL RUSSELL ROAD  
CITY-ST-ZIP TALLAHASSEE FL 32301

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

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: HARRY S. BASS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-21-02

Date

(850) 948-6751

Daytime Phone #

CF2E037 (9/01)