

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 23, 2003 8:00 am
Secretary of State

01-23-2003 90226 032 *****70.00

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1. Entity Name

REAPERS OF THE HARVEST MINISTRIES, INC.



Principal Place of Business

**RT. 4, BOX 269-A
GREENVILLE FL 32331**

Mailing Address

**RT. 4, BOX 269-A
GREENVILLE FL 32331**

2. Principal Place of Business

**2244 SW DUPONT ST
Suite, Apt. #, etc.**

3. Mailing Address

**2244 SW DUPONT ST
Suite, Apt. #, etc.**



☐ CHECK HERE IF MAKING CHANGES

City & State

GREENVILLE FLA.

City & State

GREENVILLE FLA

4. FEI Number **59-3681576**

Applied For

Not Applicable

Zip

32331

Country

USA

Zip

32331

Country

USA

5. Certificate of Status Desired ☒

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	SAMUEL BASS, HARRY SR	
STREET ADDRESS	RT. 4, BOX 269-A	
CITY-ST-ZIP	GREENVILLE FL 32331	
TITLE	S	<input type="checkbox"/> Delete
NAME	BASS, BURDETTE C	
STREET ADDRESS	RT. 4, BOX 269-A	
CITY-ST-ZIP	GREENVILLE FL 32331	
TITLE	VP	<input type="checkbox"/> Delete
NAME	PETERSON, CHRIS	
STREET ADDRESS	RT. 5, BOX 5299	
CITY-ST-ZIP	MONTICELLO FL 32344	
TITLE	D	<input type="checkbox"/> Delete
NAME	GRIFFITHS, BOBBY	
STREET ADDRESS	1010 PAUL RUSSELL ROAD	
CITY-ST-ZIP	TALLAHASSEE FL 32301	
TITLE	D	<input type="checkbox"/> Delete
NAME	BROWNING, JOHN	
STREET ADDRESS	1655 PEARSON HWY	
CITY-ST-ZIP	HOMERVILLE GA 31634	
TITLE	D	<input type="checkbox"/> Delete
NAME	CULPEPPER, CHARLES	
STREET ADDRESS	1010 PAUL RUSSELL ROAD	
CITY-ST-ZIP	TALLAHASSEE FL 32301	

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
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
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:

Signature Required

1-21-03

(850) 948-6751

CR2E037 (10/02)