

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N00000008046**

1. Entity Name

WORLD HARVEST OUTREACH MINISTRIES, INC.**FILED****Feb 26, 2001 8:00 am**
Secretary of State

02-26-2001 90508 031 ****61.25

Principal Place of Business

**505 CENTRAL AV
CLEWISTON FL 33440**

Mailing Address

**505 CENTRAL AV
CLEWISTON FL 33440**

2. Principal Place of Business

3. Mailing Address

P.O. Box 1863

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Clewiston, FL

4. FEI Number

65-1060559

Applied For

Not Applicable

Zip

Country

Zip

Country

33440**U.S.A**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

**HASKEW, NANCY
4040 N US 27 NW
PALMDALE FL 33944**

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 **PD** ☐ Delete
NAME **SLOAN, CRAIG**
STREET ADDRESS **505 CENTRAL AV**
CITY-ST-ZIP **CLEWISTON FL 33440**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **VD** ☐ Delete
NAME **MILLER, J ANTHONY**
STREET ADDRESS **505 CENTRAL AV**
CITY-ST-ZIP **CLEWISTON FL 33440**TITLE ☒ Change ☐ Addition
NAME **✓ P Miller, J ANTHONY**
STREET ADDRESS **1002 Banyan ST.**
CITY-ST-ZIP **Clewiston FL 33440**TITLE **TSD** ☐ Delete
NAME **SLOAN, TARA**
STREET ADDRESS **1002 BANYAN ST**
CITY-ST-ZIP **CLEWISTON FL 33440**TITLE ☒ Change ☐ Addition
NAME **TSD SLOAN TARA**
STREET ADDRESS **505 Central Av. .cs**
CITY-ST-ZIP **Clewiston FL 33440**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ 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)(l), 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:

S. Craig W. Sloan

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2/13/00

Daytime Phone #

863-902-9329

CR2E037 (10/00)