

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

0059159

DOCUMENT # N01000003992

1. Entity Name

HARVEST MINISTRIES OF OCALA, INC.



FILED

03 JAN 28 AM 9:14

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

2626 NE 10TH ST  
OCALA FL 34470-5616

Mailing Address

2626 NE 10TH ST  
OCALA FL 34470-5616

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-3131018

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LEWIS, MICHAEL  
2626 NE 10TH ST  
OCALA FL 34470-5616

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PVD ☐ Delete  
NAME LEWIS, MICHAEL  
STREET ADDRESS 2626 NE 10TH ST  
CITY-ST-ZIP Ocala FL 34470-5616

☐ Change ☐ Addition  
600011139396  
01/28/03--01074--001 \*\*\$61.25

TITLE SD ☐ Delete  
NAME MONTGOMERY, KIM  
STREET ADDRESS 2626 NE 10TH ST  
CITY-ST-ZIP Ocala FL 34470-5616

☐ Change ☐ Addition

TITLE TD ☐ Delete  
NAME WHITE, SEAN  
STREET ADDRESS 2626 NE 10TH ST  
CITY-ST-ZIP Ocala FL 34470-5616

☐ Change ☐ Addition

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☐ Delete  
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)(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

CR2E037 (10/02)