

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

6/19/

FILED
Jul 03, 2003 8:00 am
Secretary of State

06-19-2003 90047 012 ****61.25

DOCUMENT # N02000008037

1. Entity Name

RESTORATION REVIVAL HARVEST TIME MINISTRIES INC.



Principal Place of Business

130 MADERA DRIVE
WINTER HAVEN FL 33880

Mailing Address

130 MADERA DRIVE
WINTER HAVEN FL 33880

55050456

2. Principal Place of Business

130 Madera Drive
Suite, Apt. #, etc.

3. Mailing Address

Same
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State

Winter Haven, Fla

City & State

Same

4. FEI Number

Applied For

Not Applicable

Zip

33880

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HOLLIMAN, LINDA G
130 MADERA DRIVE
WINTER HAVEN FL 33880

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

Proprietor Linda Holliman

1-7-03

Signature, type or printed name of registered agent and file 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	D - APOSTLE	<input checked="" type="checkbox"/> Delete
NAME	BROWN, LARRY P	
STREET ADDRESS	16 N SIDE DRIVE	Keep
CITY-ST-ZIP	LAKE WALES FL	
TITLE	D - PASTOR	<input type="checkbox"/> Delete
NAME	HOLLIMAN, LINDA	
STREET ADDRESS	130 MADERA DRIVE	
CITY-ST-ZIP	WINTER HAVEN FL 33880	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SINGLETARY, CARNELLIA	(Keep)
STREET ADDRESS	512 NW AVE	
CITY-ST-ZIP	LAKE WALES FL 33859	
TITLE	D - Bishop	<input type="checkbox"/> Delete
NAME	HOLLIMAN, STEVE	
STREET ADDRESS	130 MADERA DRIVE	
CITY-ST-ZIP	WINTER HAVEN FL 33880	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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	DEACON	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Curtis Sweet	
STREET ADDRESS	116 E Northside Dr.	
CITY-ST-ZIP	LAKE WALES FL 33859	
TITLE	DEACON	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Nathaniel Sweet	
STREET ADDRESS	120 Weeping Willow Rd	
CITY-ST-ZIP	Winter Haven FL 33880	
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:

Proprietor Linda Holliman

5-28-03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/02)