

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 28, 2004 8:00 am
Secretary of State

04-28-2004 90252 041 ****61.25

DOCUMENT # N03000006014

1. Entity Name

HARVEST COMMUNITY CHURCH OF JAY, INC.



Principal Place of Business

**12148 CHUMUCKLA HIGHWAY
JAY FL 32565**

Mailing Address

**12148 CHUMUCKLA HIGHWAY
JAY FL 32565**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

01-0790827

Applied For

Not Applicable

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

**WILLIAMS, EMMETT
12148 CHUMUCKLA HIGHWAY
JAY FL 32565**

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

4-26-04

**FILE NOW: FEE IS \$61.25
Due By May 1, 2004**

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 **D** ☐ Delete
NAME **JUDY, HENRY I**
STREET ADDRESS **2359 DREWERY LANE**
CITY-ST-ZIP **JAY FL 32565**

TITLE ☒ Change ☐ Addition
NAME **5902 JAMESON circle**
STREET ADDRESS **PAGE, FL. 32571**
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **WILLIAMS, EMMETT**
STREET ADDRESS **12148 CHUMUCKLA HIGHWAY**
CITY-ST-ZIP **JAY FL 32565**

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

TITLE **D** ☐ Delete
NAME **MCMELLON, PAUL**
STREET ADDRESS **3251 DUNS福德 ROAD**
CITY-ST-ZIP **JAY FL 32565**

TITLE ☒ Change ☐ Addition
NAME **2351 DUNS福德 ROAD**
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☒ Delete
NAME **SMITH, RICHARD A**
STREET ADDRESS **1650 DYKESTOWN ROAD**
CITY-ST-ZIP **JAY FL 32565**

TITLE ☐ Change ☒ Addition
NAME **D**
STREET ADDRESS **ANDREW MAGDALANY**
CITY-ST-ZIP **5885 CENTRAL SCHOOL ROAD**
MILTON, FL. 32570

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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: *Emmett Williams* **Director**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-25-04

Date

850-675-4386

Daytime Phone #