

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 23, 2005 8:00 am
Secretary of State

02-23-2005 90062 042 ****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

2828 HARVEST ROAD

Suite, Apt. #, etc.

3. Mailing Address

2828 HARVEST ROAD

Suite, Apt. #, etc.

City & State

JAY, FL

City & State

JAY, FL

Zip

32565

Country

USA

Zip

32565

Country

USA

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

WILLIAMS, EMMETT
12148 CHUMUCKLA HIGHWAY
JAY FL 32565

7. Name and Address of New Registered Agent

Name WILLIAMS, EMMETT

Street Address (P.O. Box Number is Not Acceptable)

2739 DREWERY LANE

City JAY

FL

Zip Code 32565

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
Due By May 1, 2005

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 ☐ Delete
NAME JUDY, HENRY I
STREET ADDRESS 5902 JAMESON CIRCLE
CITY-ST-ZIP PACE FL 32571

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

TITLE D ☐ Delete
NAME MCMELLON, PAUL
STREET ADDRESS 2351 DUNSFORD ROAD
CITY-ST-ZIP JAY FL 32565

TITLE D ☐ Delete
NAME MAGDALANY, ANDREW
STREET ADDRESS 5885 CENTRAL SCHOOL ROAD
CITY-ST-ZIP MILTON FL 32570

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE ☐ Change ☐ Addition
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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 E Williams*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-17-05

Date

850-675-4386

Daytime Phone #