

2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N03000Q06406	
1. Entity Name GATHERERS OF THE HARVEST CHURCH, INC.	



FILED

2008 FEB -6 PM 2:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT 08

Principal Place of Business 1789 OLD DIXIE HWY VERO BEACH, FL 32960	Mailing Address P.O. BOX 650944 VERO BEACH, FL 32965
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2. Principal Place of Business - No P.O. Box # 3200 43rd AVE	3. Mailing Address 2073 SW AQUARIUS LN.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State VERO BEACH	City & State PORT ST LUCIE FL
Zip 32960	Zip 34984
Country US	Country US

4. FEI Number 02-0700125	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent STOVER, TERRY L 6016 SANTA MARGARITO DRIVE FORT PIERCE, FL 34951	
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7. Name and Address of New Registered Agent Name TERRY L. STOVER Street Address (P.O. Box Number is Not Acceptable) 743 CARRIAGE WAY City VERO BEACH FL Zip Code 32968	
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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 	TERRY L. STOVER 2/4/08
(NOTE: Registered Agent signature required when reinstating)	

FILE NOW!!! FEE IS \$122.50	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P STOVER, TERRY L 6016 SANTA MARGARITO DRIVE FORT PIERCE, FL 34951 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P STOVER, TERRY L 743 CARRIAGE LAKE WAY VERO BEACH FL 32968 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP STOVER, YOLANDA D 2073 SW AQUARIUS LANE PORT ST LUCIE, FL 34984 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP STOVER, YOLANDA D ← SAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GODDARD, ROSEMARY 926 37TH AVENUE VERO BEACH, FL 32960 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T NORTON, MARCIA B 1733 POINTE WEST WAY VERO BEACH, FL 32966 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	500117238195 02/06/08--01012--001 **122.50 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 any other like empowered.	
SIGNATURE: 	(TERRY L. STOVER) 2/4/08 772 766-1851
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	