

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

ATX1

DOCUMENT # N03000008939

1. Entity Name

ABUNDANT HARVEST WORSHIP CENTER

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

5042 18TH AVE N

Suite, Apt #, etc

3. Mailing Address

5042 18TH AVE N

Suite, Apt. #, etc,

City & State
ST PETERSBURG, FL

Zip
33710

Country

City & State
ST PETERSBURG, FL

Zip
33710

Country

4. FEI Number
68-0570480

Applied For
☒ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name
MICHAEL M McGRUFF, PASTOR

Street Address (P.O. Box Number is Not Acceptable)
5042 18TH AVE N

City
ST PETERSBURG

FL Zip Code
33710

**DO NOT WRITE
IN THIS SPACE**

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

MICHAEL M McGRUFF PASTOR

Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

DATE

FEE IS \$61.25
Initial or Amended UBR

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
NAME
STREET ADDRESS
CITY-ST-ZIP
PASTOR, PRESIDENT
MICHAEL M McGRUFF
5042 18TH AVE N
ST PETERSBURG FL 33710

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VICE -PRESIDENT
TAMIKA L McGRUFF
5042 18TH AVE N
ST PETERSBURG FL 33710

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SECRETARY
TAMIKA L McGRUFF
5042 18TH AVE N
ST PETERSBURG FL 33710

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TREASURER
REGINAL HUDSON
5042 18TH AVE N
ST PETERSBURG FL 33710

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

11.

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STREET ADDRESS
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6800041012536
09/13/04-01072-007 **70.00

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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MICHAEL M McGRUFF

Date

(727) 686-9356

Daytime Phone #

FILED

04 AUG 31 PM 1:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

[Handwritten Signature]

7/18/04