

2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N04000008330

1. Entity Name
HOME OF THE HARVEST MINISTRIES INC.



Principal Place of Business
5655-6 TIMUQUANA
JACKSONVILLE, FL 32210

Mailing Address
5655-6 TIMUQUANA
JACKSONVILLE, FL 32210

07 OCT 20 PM 1:18
CLERK OF THE COURT
TALLAHASSEE, FLORIDA



2. Principal Place of Business - No P.O. Box #
6011-10 103rd Street

3. Mailing Address
6011-10 103rd Street

Suite, Apt. #, etc.
ST#10

Suite, Apt. #, etc.
ST#10

City & State
Jacksonville, FL

City & State
Jacksonville FL

Zip
32210

Country
Duvai

Zip
32210

Country
Duvai

05042007 REIN-NP CR2E099 (1/07)

4. FEI Number
03-0549528

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WHITE, ROBERT A
555-6 TIMUQUANA RD
JACKSONVILLE, FL 32210

7. Name and Address of New Registered Agent

Name
White, Robert A.
Street Address (P.O. Box Number is Not Acceptable)
6011-10 103rd Street
ST#10
City
Jacksonville FL Zip Code
32210

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 *Robert White*
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

10/18/07
DATE

FILE NOW!!! FEE IS \$297.50

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
WHITE, ROBERT A
11267 WYNDHAM HOLLOW LANE
JACKSONVILLE, FL 32246 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VST
WHITE, MARY E
11267 WYNDHAM HOLLOW LANE
JACKSONVILLE, FL 32246 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
HAUGABOOK, JAMES
2405 GAILLANDIA RD
JACKSONVILLE, FL 32211 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

☐ Change ☐ Addition
700111193887
10/23/07--01017--008 **300.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
REINSTATEMENT *Robert White* ☐ Change ☐ Addition

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

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ 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 all other like empowered.

SIGNATURE: *Robert White*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/18/07
Date

Daytime Phone #