

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N14442** (0)
1. Corporation Name
FLORIDA HARVESTERS EVANGELISTIC ASSOCIATION, INC



Principal Place of Business
**423 CHEYENNE DR.
LANTANA FL 33462**

Mailing Address
**423 CHEYENNE DR.
LANTANA FL 33462**

3. Date Incorporated or Qualified
04/17/1986

3a. Date of Last Report
05/11/1995

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21	26	59-2661322	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
22	27	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
City & State	City & State	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
23	28		
Zip	Country	29	30
24	25		

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**JOLLEY, Y.L.
423 CHEYENNE DR.
LANTANA FL 33462**

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
FL	85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	POC	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOLLEY, Y.L.	1.2 NAME	
STREET ADDRESS	423 CHEYENNE DR.	1.3 STREET ADDRESS	
CITY-ST-ZIP	LANTANA FL	1.4 CITY-ST-ZIP	
TITLE	STD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOLLEY, JUANITA L.	2.2 NAME	
STREET ADDRESS	423 CHEYENNE DR.	2.3 STREET ADDRESS	
CITY-ST-ZIP	LANTANA FL	2.4 CITY-ST-ZIP	
TITLE	SVD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOLLEY, SCOTT R.	3.2 NAME	
STREET ADDRESS	423 CHEYENNE DR.	3.3 STREET ADDRESS	
CITY-ST-ZIP	LANTANA FL	3.4 CITY-ST-ZIP	
TITLE	VPD	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, THOMAS H.	4.2 NAME	
STREET ADDRESS	1804 SUWANNEE DR.	4.3 STREET ADDRESS	
CITY-ST-ZIP	W. PALM BEACH FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HEALD, WALLACE S., III	5.2 NAME	
STREET ADDRESS	4851 KIRKWOOD RD.	5.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE WORTH FL	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VISSERS, JOHN P.	6.2 NAME	
STREET ADDRESS	309 EDGEWOOD DR.	6.3 STREET ADDRESS	
CITY-ST-ZIP	W. PALM BEACH FL	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **Y. L. Jolley PRES. - Y. L. JOLLEY**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-10-96

Date

407-439-3000

Daytime Phone #

CR2E037 (12/95)