FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N14442

(0)

FLORIDA HARVESTERS EVANGELISTIC ASSOCIATION, INC

Principal	Place	OI	Dusii	105

Mailing Address

423 CHEYENNE DR. LANTANA FL 33462 423 CHEYENNE DR. LANTANA FL 33462-2201

FILED Apr 10 1997 8:00am Secretary of State



							3. Date Incorporated or Qualified 04/17/1986 3a. Date of Last Report 04/17/1996								
	ace of Business 2a. Mailing Address						4. FEI Number 59-2661322		Applied For Not Applicable						
25 Suite, Apt. #, etc. Suite, Apt. #, etc.		kpt. #, etc.				5. Certificate of Status Desired			5 Add	litional					
City & State City & State						6. Election Campaign Financing			00 м						
23		Onumber		28					Trust Fund Contribution			ied to I			
Zip		Country 25		Zip Country					8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes						
9. Name and Address of Current Registered Agent									10. Name and Address of New Registered Agent						
JOLLEY, Y.L.						2	Name Street Add	dress (P.O. Box Number is Not Acceptable)							
423 CHEYENNE DR. LANTANA FL 33462				8:	3										
						8	4	City		FI	85	Zip Co	de		
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		of registored agent a		o (NO		gen	nt signature requ	uired when reinstating)	DATE					
12.	BDO	OF	FICERS AND D		DELETE	13.			ADDITIONS/CHANGES TO OFFIC	ERS AND	_				
	PDC Jolley,	VI			- DELETE	1.1 TITLE					Char	ige L	Addition		
NAME Street address			•			1.2 NAME		4D00000							
	I ANTANIA PA						ADDRESS								
CITY-ST-ZIP TITLE	STO	ATL			DELETE	1.4 CITY - 2.1 TITLE		-2IP			Char	nge T	Addition		
NAME		JUANITA L	_			2.2 NAME		- 1				.g			
STREET ADDRESS	A R. A. L. S.				23 STREE		ADDRESS								
CITY-ST-ZIP	LANTAN					2 4 CITY	- S1	1-ZIP	14						
TITLE	SVD				DELETE	3 1 TITLE					Char	ige [Addition		
NAME	JOLLEY,	SCOTT R.				3.2 NAME	E								
STREET ADDRESS	AND ALIENSES HER DE				3.3 STREI	ET A	ADDRESS	•							
CITY-\$1-ZIP	LANTAN.	A FL				3.4. CHY	-st	T-ZIP							
TITLE	VPD				DELETE	4.1 TITLE		j			☐ Char	ige [Addition		
NAME		THOMAS H				4. 2 NAM	E		•						
STREET ADDRESS		WANNEE D				4.3 STREE	ET A	ADDRESS							
CITY-ST-ZIP		I BEACH F	L.		05: 575	4.4 CITY-		- ZIP					14489		
TOTLE	D	WALLACE A	S (0)) DEFELE	5.1 TITLE		1			☐ Char	ge L	Addition		
NAME OTOTER ADDRESS		WALLACE S				5.2 NAME				•					
STREET ADDRESS	LAKE W	RKWOOD R	υ.			5.3 STREE									
CITY-ST-2IP	D.	UNITE			DELETE	5.4 CITY- 6.1 TITLE		- ZIF			☐ Chan	ne T	Addition		
NAME		, JOHN P.		'		6.2 NAME					الهاات و				
STREET ADDRESS		EWOOD D	R.			6.3 STREE		ADDRESS					}		
CITY-ST-ZIP		BEACH FI				6.4 CITY-									
14. I do 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 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 frustee 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.															