


FILE NOW: FILING FEE IS \$61.25

FILED

Apr 28 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
--	---	---

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

Principal Place of Business <b>423 CHEYENNE DR. LANTANA FL 33462</b>	Mailing Address <b>423 CHEYENNE DR. LANTANA FL 33462</b>
---	---

3. Date Incorporated or Qualified

**04/17/1986**

4. FEI Number

**59-2661322**

Applied For  
Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☒ No

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 ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PDC  
JOLLEY, Y.L.  
423 CHEYENNE DR.  
LANTANA FL**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**STD  
JOLLEY, JUANITA L.  
423 CHEYENNE DR.  
LANTANA FL**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**SVD  
JOLLEY, SCOTT R.  
423 CHEYENNE DR.  
LANTANA FL**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VPD  
SMITH, THOMAS H.  
1804 SUWANNEE DR.  
W. PALM BEACH FL**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
HEALD, WALLACE S., III  
4851 KIRKWOOD RD.  
LAKE WORTH FL**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
VISSERS, JOHN P.  
309 EDGEWOOD DR.  
W. PALM BEACH FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ☐ Change ☐ Addition

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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 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* Y.L. JOLLEY-PDC 4/21/98 561-588-6666

CR2E037 (10/97)