

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 # N15079 (9)

1. Corporation Name

HARVEST BAPTIST TABERNACLE, INC.



Principal Place of Business

AENON CHURCH RD.
TALLAHASSEE FL 32304
US

Mailing Address

RT 14-BOX 349-A.
TALLAHASSEE FL 32304

3. Date Incorporated or Qualified
06/01/1986

3a. Date of Last Report
03/02/1995

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

4. FEI Number

59-2794885

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

CROSS, DR CLARK E
2981 BYINGTON CIR
TALLAHASSEE FL 32303

10. Name and Address of New Registered Agent

81 Name

PLUNKETT, NOLAN L.

82

Street Address (P.O. Box Number is Not Acceptable)
2613 Crocket Ct.

83

84

City

Tallahassee

FL

85

Zip Code

32303

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

Nolan L. Plunkett / Nolan L. Plunkett, Pastor

01-25-96

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☒ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP
GUELTZOW, WAYNE A
255 PIXIE CIRCLE
TALLAHASSEE FL 32327

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD ☐ Change ☒ Addition

1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP
Plunkett, Nolan L
2613 Crocket Ct.
Tallahassee, FL 32303

2.1 TITLE T ☐ Change ☒ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP
Gueltzow, Wayne A.
255 Pixie Circle
Crawfordville, FL 32327

3.1 TITLE T ☐ Change ☒ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP
Nessmith, Beverley A.
200 Greenmeadow Ct., Apt. 5
Quincy, FL 32351

4.1 TITLE T ☐ Change ☒ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP
Struble, Charles
2928 Oakwood Dr.
Tallahassee, FL 32304

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP
3000001730473
-03/04/96--01037--015
***\$61.25

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
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: *Nolan L. Plunkett* (Nolan L. Plunkett)

01-25-96

DATE

904/562-6931

Daytime Phone #

3-1-96 50

CR2E037 (12/95)