

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 10, 1999 8:00 am
Secretary of State

05-10-1999 90140 040 ****70.00

DOCUMENT # N15079

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**



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip **25** Country

2a. Mailing Address

26 **883 Aenon Church Rd**

27 Suite, Apt. #, etc.

28 **Tallahassee, FL**
29 **32304** **30** **LEON**

3. Date Incorporated or Qualified

06/01/1986

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

9. Name and Address of Current Registered Agent

**PLUNKETT, NOLAN L
2613 CROCKET CT
TALLAHASSEE FL 32303**

10. Name and Address of New Registered Agent

81 Name **Tom Whitfield**
82 Street Address (P.O. Box Number is Not Acceptable)
18184 Blountstown Hwy
83
84 City **Tallahassee** **FL** **85** Zip Code **32310**

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

Tom Whitfield

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

(NOTE: Registered Agent signature required when reinstating)

05/01/99

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	PLUNKETT, NOLAN	
STREET ADDRESS	2613 CROCKET CT.	
CITY-ST-ZIP	TALLAHASSEE FL 32303	
TITLE	D	<input type="checkbox"/> DELETE
NAME	NESSMITH, BEVERLY A	
STREET ADDRESS	200 GREENMEADOW CT., APT. 5	
CITY-ST-ZIP	QUINCY FL 32351	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	GUELTZOW, WAYNE A	
STREET ADDRESS	255 PIXIE CIRCLE	
CITY-ST-ZIP	CRAWFORDVILLE FL 32327	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	STRUBLE, CHARLES	
STREET ADDRESS	2928 OAKWOOD DRIVE	
CITY-ST-ZIP	TALLHASSEE FL 32304	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	PD Tom Whitfield
1.3 STREET ADDRESS	18184 Blountstown Hwy
1.4 CITY-ST-ZIP	Tallahassee, FL 32310
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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, with all other like empowered.

SIGNATURE: **Tom Whitfield** **05/01/99** **850) 580-2036**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)

0007996