

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 22, 2001 8:00 am
Secretary of State

01-22-2001 90002 002 ****61.25

0078890

DOCUMENT # N16047

1. Entity Name

YOUTH HARVEST USA, INC.

Principal Place of Business

% EARL PORTER
 2004 NW 4TH STREET
 Ocala FL 34475
 US

Mailing Address

% EARL PORTER
 2004 NW 4TH STREET
 Ocala FL 34475
 US

2. Principal Place of Business

NOT A BUSINESS, Religious

3. Mailing Address

Same, Mailing



DO NOT WRITE IN THIS SPACE

Suite, Apt., #, etc.

Suite, Apt., #, etc.

City & State

City & State

Working with youth

Zip

Country

Zip

Country

NONE PROFIT

4. FEI Number

59-2972152

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PORTER, EARL
 2004 NW 4TH STREET
 Ocala FL 32675

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing
 Trust Fund Contribution. ☐

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

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**PD
 PORTER, EARL, REV.
 2004 NW 4TH ST
 Ocala FL** ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**SD
 FERGUSON, VIRGINIA
 2004 NW 4TH ST
 Ocala FL** ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**VD
 MATHIS, ANNIE L.
 2004 NW 4TH ST
 Ocala FL** ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**TD
 HADLEY, JESSICA
 2004 NW 4TH ST
 Ocala FL** ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
 NAME
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 CITY-ST-ZIP
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12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Rev. Earl Porter
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

January 11, 2001 (352) 622-2838
 Date Daytime Phone #

CR2E037 (10/00)