

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N16047

1. Entity Name

YOUTH HARVEST USA, INC.

Principal Place of Business -

Mailing Address -

NOT A BUSINESS. RELIGIOUS
MAINLY THE STREETS WORKING WITH
NONPROFIT YOUTH
US

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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

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

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

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

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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: Earl Porter Earl Porter

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

January 26, 2002 (352) 622-2338

Date

Daytime Phone #

CR2E037 (9/01)

0087689

FILED
Feb 11, 2002 8:00 am
Secretary of State

02-11-2002 90175 033 ****61.25



DO NOT WRITE IN THIS SPACE