

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 29, 2005 8:00 am
Secretary of State

08-29-2005 90145 017 ****61.25

DOCUMENT # N16047

1. Entity Name
YOUTH HARVEST USA, INC.



*WERE NOT A BUSINESS,
BUT ARE A RELIGIOUS OUTREACH
MINISTRY, DEALING MAINLY
WITH TROUBLED CHILDREN
AND HELPING THEM TO
GET THEIR LIVES STRAIGHT
AND GET INTO THE CHURCH*

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

50063811



Suite, Apt. #, etc.

05272005 Chg-NP CR2E037 (10/03)

City & State

4. FEI Number
59-2972152

Zip Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PORTER, EARL
2004 NW 4TH STREET
OCALA, FL 32675

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by September 7, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	RD	<input type="checkbox"/> Delete
NAME	PORTER, EARL, REV.	
STREET ADDRESS	2004 NW 4TH ST	
CITY-ST-ZIP	OCALA, FL	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	FERGUSON, VIRGINIA	
STREET ADDRESS	2004 NW 4TH ST	
CITY-ST-ZIP	OCALA, FL	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	MATHIS, ANNIE L.	
STREET ADDRESS	2004 NW 4TH ST	
CITY-ST-ZIP	OCALA, FL	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	HADLEY, JESSICA	
STREET ADDRESS	2004 NW 4TH ST	
CITY-ST-ZIP	OCALA, FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Evangelist-Earl Porter	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ELDER-TERRY B. PORTER	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Gloria G. Smith	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ADRIAN L. PORTER	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	This address pertain to all members	
STREET ADDRESS	2004 N.W. 4TH ST, Ocala, FL 34475	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: Evangelist-Earl Porter Evangelist-Earl Porter

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #