

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N40783** (5)

1. Corporation Name

HEARTLAND HARVEST CHURCH MINISTRIES, INC.

Principal Place of Business

P O BOX 539
AVON PARK FL 33825

Mailing Address

P O BOX 539
AVON PARK FL 33825



2. Principal Place of Business	2a. Mailing Address
21 Heartland Harvest Church Ministries, Inc.	26 Heartland Harvest Church Ministries, Inc.
22 36 E. Main St.	27 P.O. Box 580
City & State	City & State
23 Avon Park, FL	28 Avon Park, FL
Zip	Zip
24 33826	29 33826
Country	Country
25 USA	30 USA

3. Date Incorporated or Qualified 10/11/1990	3a. Date of Last Report 02/03/1995
4. FEI Number 59-2889652	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

HAAS, REV. MARK ALAN
36 EAST MAIN STREET
AVON PARK FL 33825

10. Name and Address of New Registered Agent

81 Name Haas, Rev. Mark Alan
82 Street Address (P.O. Box Number is Not Acceptable) 36 East Main Street
83 Avon Park, FL 33826
84 City FL
85 Zip Code

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

Mark A. Haas

Mark A. Haas

07-03-96

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	PD
NAME	HAAS, REV. MARK ALAN	1.2 NAME	Haas, Rev. Mark Alan
STREET ADDRESS	1369 N EAST VIOLA RD	1.3 STREET ADDRESS	1724 N. Morningside Rd
CITY-ST-ZIP	AVON PARK FL	1.4 CITY-ST-ZIP	Avon Park, FL 33825
TITLE	TR	2.1 TITLE	TR
NAME	CROWE, AUBREY	2.2 NAME	Youngblood, Ralph
STREET ADDRESS	1717 DINNER LAKE DR	2.3 STREET ADDRESS	2473 State Rd 17S
CITY-ST-ZIP	SEBRING FL 33872	2.4 CITY-ST-ZIP	Avon Park, FL 33825
TITLE	TR	3.1 TITLE	TR
NAME	LAMB, PEARL E.	3.2 NAME	Haas, Theresa
STREET ADDRESS	4163 LEAF RD.	3.3 STREET ADDRESS	1724 N. Morningside Rd
CITY-ST-ZIP	SEBRING FL 33872	3.4 CITY-ST-ZIP	Avon Park, FL 33825
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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:

Mark A. Haas
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mark A. Haas

07-03-96

Date

Daytime Phone #

CR2E037 (3/96)