

FILE NOW: FILING FEE IS \$61.25

FILED
Apr 29 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

36 E. MAIN ST
AVON PARK FL 33826
US

Mailing Address

P O BOX 580
AVON PARK FL 33826-0580
US



3. Date Incorporated or Qualified
10/11/1990

3a. Date of Last Report
07/16/1996

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

4. FEI Number

59-2889652

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HASS, MARK A
38 EAST MAIN STREET
AVON PARK FL 33825

81 Name

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

83

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

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 ☐ DELETE
NAME HAAS, MARK A
STREET ADDRESS 1724 MORNINGSIDE RD
CITY-ST-ZIP AVON PARK FL

1.1 TITLE PD ☒ Change ☐ Addition
1.2 NAME Haas, Mark A.
1.3 STREET ADDRESS 750 E. Cornell St.
1.4 CITY-ST-ZIP Avon Park, FL 33825

TITLE TR ☐ DELETE
NAME YOUNGBLOOD, RALPH
STREET ADDRESS 2473 STATE RD 17S
CITY-ST-ZIP AVON PARK FL

2.1 TITLE TR ☐ Change ☐ Addition
2.2 NAME Youngblood, Ralph
2.3 STREET ADDRESS 2473 State Rd 17S
2.4 CITY-ST-ZIP Avon Park, FL 33825

TITLE TR ☐ DELETE
NAME HASS, THERESA
STREET ADDRESS 1724 N MORNINGSIDE RD
CITY-ST-ZIP AVON PARK FL

3.1 TITLE TR ☒ Change ☐ Addition
3.2 NAME Haas, Theresa
3.3 STREET ADDRESS 750 E. Cornell St.
3.4 CITY-ST-ZIP Avon Park, FL 33825

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE TR ☐ Change ☒ Addition
4.2 NAME Sperry Russ
4.3 STREET ADDRESS 2472 W. Russ Rd.
4.4 CITY-ST-ZIP Avon Park, FL 33825

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE TR ☐ Change ☒ Addition
5.2 NAME Larry Moore
5.3 STREET ADDRESS 12 W. Anoka Lane
5.4 CITY-ST-ZIP Avon Park, FL 33825

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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.

CR2E037 (9/96)