

FILE NOW: FILING FEE IS \$61.25

FILED

May 05 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N40783** (5)

1. Corporation Name

HEARTLAND HARVEST CHURCH MINISTRIES, INC.

Principal Place of Business

Mailing Address

**36 E. MAIN ST
AVON PARK FL 33826
US**

**P O BOX 580
AVON PARK FL 33826
US**

3. Date Incorporated or Qualified

10/11/1990

4. FEI Number

59-2889652

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐

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

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**HAAS
MARK A
36 EAST MAIN STREET
AVON PARK FL 33825**

81 Name **Haas, Mark A**

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

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

Mark A. Haas

(NOTE: Registered Agent signature required when reinstating)

04-17-98
DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input type="checkbox"/> DELETE
NAME	HAAS, MARK A	
STREET ADDRESS	750 E. CORNELL ST	
CITY-ST-ZIP	AVON PARK FL	

TITLE	TR	<input checked="" type="checkbox"/> DELETE
NAME	YOUNGBLOOD, RALPH	
STREET ADDRESS	2473 STATE RD 17S	
CITY-ST-ZIP	AVON PARK FL	

TITLE	TR	<input checked="" type="checkbox"/> DELETE
NAME	HASS, THERESA	
STREET ADDRESS	750 E. CORNELL ST	
CITY-ST-ZIP	AVON PARK FL	

TITLE	TR	<input checked="" type="checkbox"/> DELETE
NAME	SPERRY, RUSS	
STREET ADDRESS	2472 W. RUSS RD	
CITY-ST-ZIP	AVON PARK FL	

TITLE	TR	<input type="checkbox"/> DELETE
NAME	MOORE, LARRY	
STREET ADDRESS	12 W. ANOKA LANE	
CITY-ST-ZIP	AVON PARK FL	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		

2.1 TITLE	TR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	HILTON, RACHEL	
2.3 STREET ADDRESS	1708 EIF. DR.	
2.4 CITY-ST-ZIP	Sebring FL 33872	

3.1 TITLE	TR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	ORTIZ, DANIEL	
3.3 STREET ADDRESS	2411 W. SEVILLE dr.	
3.4 CITY-ST-ZIP	AVON PARK 33825	

4.1 TITLE	TR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	WORTINGER, JEREMY	
4.3 STREET ADDRESS	2633 Cheyenne Rd.	
4.4 CITY-ST-ZIP	Sebring FL 33872	

5.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	MOORE, LARRY	
5.3 STREET ADDRESS	319 dove ave	
5.4 CITY-ST-ZIP	Sebring FL 33872	

6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. 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 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

04-17-98

941-452-5045

CP2E037 (10/97)