

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 29, 1999 8:00 am
Secretary of State

04-29-1999 90227 024 ****61.25

005/541

DOCUMENT # N40783

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
US



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

10/11/1990

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

59-2889652

Applied For

Not Applicable

22

27

City & State

City & State

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

23

28

Zip

Country

Zip

Country

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

24

25

29

30

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

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

PRESIDENT - MARK A. HAAS

4-26-99

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
NAME HAAS, MARK A
STREET ADDRESS 750 E. CORNELL ST
CITY-ST-ZIP AVON PARK FL

☐ DELETE

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE TR
NAME HILTON, RACHEL
STREET ADDRESS 1708 ELF DRIVE
CITY-ST-ZIP SEBRING FL 33872

☒ DELETE

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☒ Change ☐ Addition

TITLE TR
NAME ORTIZ, DANIEL
STREET ADDRESS 2411 W SEVILLE DRIVE
CITY-ST-ZIP AVON PARK FL 33892

☒ DELETE

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☒ Change ☐ Addition

TITLE TR
NAME WORTINGER, JEREMY
STREET ADDRESS 2633 CHEYENNE ROAD
CITY-ST-ZIP SEBRING FL 33872

☒ DELETE

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☒ Change ☐ Addition

TITLE VD
NAME MOORE, LARRY
STREET ADDRESS 319 DOVE AVENUE
CITY-ST-ZIP SEBRING FL 33872

☒ DELETE

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

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

☐ Change ☐ Addition

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, with all other like empowered.

SIGNATURE:

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

4-26-99 (941) 452-5045

Date

Daytime Phone #

CR2E037 (11/98)