2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 07, 2000 8:00 am
Secretary of State
07-07-2000 90009 031 ****61.25

DOCUMENT # N42230

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1. Entity Name

HARVEST TIME MINISTRIES, INCORPORATED

Principal Place of Business	Mailing Address
7012 N. 40TH ST. TAMPA FL 33604	7012 N. 40TH ST. TAMPA FL 33604-5104

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
HARVEST TIME MINISTRIES	HARVEST TIME MINISTRIES
Suite, Apt. #, etc. 9340 N. FLORIDA AVE, SUITE I	Suite, Apt. #, etc. 9340 N. FLORIDA AVE, SUITE I
City & State TAMPA, FLORIDA	City & State TAMPA FL
Zip: 33612 Country: USA	Zip: 33612 Country: USA

4. FEI Number 59-3059440 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

NEAL, ARTHUR M
7307 FILBERT LN
TAMPA FL 33637

7. Name and Address of New Registered Agent

Name

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

4202 E. 97TH AVE

City TAMPA **FL** Zip Code 33617

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.

SIGNATURE Arthur M. Neal 6/27/00

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

FILE NOW: FEE IS $61.25

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

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD BOYD, DAVID A 24410 CROSSCUT RD LUTZ FL 33549	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD BOYD, HARRIET B 24410 CROSSCUT RD LUTZ FL 33549	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD GREEN, CURTIS C 11383 BROOK GREEN DRIVE TAMPA FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	AT SIMS, RAMONA 5314 WHITEWAY DR TEMPLE TERRACE FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S NEAL, ARTHUR ~~7307 FILBERT LN~~ 4202 E. 97TH AVE TAMPA FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	AS MOORE, EVELYN 3822-C RIVERHILLS DR TAMPA FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (9/99)

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: Arthur M. Neal SIGNATURE REQUIRED 6/27/00 (813) 932-8585

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #