

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 05, 2000 8:00 am
Secretary of State

02-05-2000 90010 030 ****70.00

DOCUMENT # N46673

1. Entity Name

HARVEST INSPIRATION MINISTRIES, INC.

Principal Place of Business

Mailing Address

2844 PONKAN ROAD
 APOPKA FL 32712
 US

2844 PONKAN ROAD
 APOPKA FL 32712-5635
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3097830

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WHITE, BRENDAN
2011 HIDDEN DALE CT
KISSIMMEE FL 34741

Name **Larry Peterson**

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

22310 Orange Blossom Lane

City **Eustis**

FL

Zip Code **32736**

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

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 **C** Delete
 NAME **WRIGHT, JACK**
 STREET ADDRESS **154 SUE DR.**
 CITY-ST-ZIP **ALTAMONTE SPRINGS FL**

TITLE **C** Change Addit
 NAME **Larry Peterson**
 STREET ADDRESS **22310 Orange Blossom Ln.**
 CITY-ST-ZIP **Eustis FL 32736**

TITLE **VC** Delete
 NAME **WHITE, BRENDAN**
 STREET ADDRESS **2011 HIDDEN DALE CT**
 CITY-ST-ZIP **KISSIMMEE FL**

TITLE Change Addit
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Delete
 NAME **PEREZ, HECTOR**
 STREET ADDRESS **1226 ADIRONDACK**
 CITY-ST-ZIP **APOPKA FL**

TITLE **D** Change Addit
 NAME **Fred Douville**
 STREET ADDRESS **2921 Ithaca Court**
 CITY-ST-ZIP **Cocoa FL 32926**

TITLE **T** Delete
 NAME **DILLER, LESLIE**
 STREET ADDRESS **6256 PLYMOUTH SORRENTO RD**
 CITY-ST-ZIP **APOPKA FL 32712**

TITLE **T** Change Addit
 NAME **Debra Acosta**
 STREET ADDRESS **2537 Sand Lk Rd**
 CITY-ST-ZIP **Longwood FL 32779**

TITLE **D** Delete
 NAME **RICHMOND, WALTER**
 STREET ADDRESS **920 PELICAN BAY DR**
 CITY-ST-ZIP **DAYTONA BEACH FL 32119**

TITLE Change Addit
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Delete
 NAME **WILLIAMS, DOROTHY**
 STREET ADDRESS **1212 N. JACKS LAKE RD**
 CITY-ST-ZIP **CLERMONT FL 34711**

TITLE Change Addit
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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: (Signature) Debra L. Acosta 1/27/00
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #