## 2002 UNIFORM BUSINESS REPORT (UBR) FILED Apr 21, 2002 8:00 am Secretary of State **DOCUMENT # N47577** 1. Entity Name HARVEST COMMUNITY CHURCH, INC. 04-21-2002 90864 002 \*\*\*\*61.25 Mailing Address Principal Place of Business P.O. BOX 2586 P.O. BOX-2586 **BONITA SPRINGS FL 34133 BONITA SPRINGS FL 34133** 3. Mailing Address 2. Principal Place of Business 0951 E DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 65-0315844 Not Applicable \$8.75 Additional 5. Certificate of Status Desired US Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent rowther even Street Address (P.O. Box Number is Not Acceptable) CROWTHER, STEVEN S 28441 US HWY 41 SUITE 103 Terr **BONITA SPRINGS FL 34134** 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. SIGNATUE Make Check Payable to 9. Election Campaign Financing \$5.00 May Be FILE NOW: FEE IS \$61.25 Department of State Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. ☐ Addition ☐ Change ☐ Delete TITLE TITLE CROWTHER, STEVEN S. NAME NAME P.O. BOX 2766 N/A STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **BONITA SPRINGS FL** CITY-ST-ZIP VD ☐ Change ☐ Addition ☐ Delete TITI F TITLE PAGES, LUIS NAME NAME .11380 DEAN ST STREET ADDRESS STREET ADDRESS CITY-ST-7IP BONITA SPRINGS FL 34135 .CITY::ST::ZIP SD ☐ Change ☐ Addition ☐ Delete TITLE TITLE PAGES, CANOY NAME NAME 11380 DEAN ST. STREET ADDRESS STREET ADDRESS **BONITA SPRINGS FL 34135** CITY-ST-ZIP CITY-ST-ZIP TD. Change ☐ Addition ☐ Delete TITLE TITLE CROWTHER, THERESA NAME NAME 27221 OYIVER DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP BONITA SPRINGS FL 34135 CITY-ST-ZIP TITLE ☐ Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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 resolver 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 attact

SIGNATURE:

CER OR DIRECTOR