## 2003 NOT-FOR-PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

## May 02, 2003 8:00 am Secretary of State DOCUMENT # **N47577** 05-02-2003 90410 050 \*\*\*\*61.25 HARVEST COMMUNITY CHURCH, INC. Principal Place of Business Mailing Address 10951 E TERRY STREET 10951 E TERRY STREET 90122251 **BONITA SPRINGS FL 34135 BONITA SPRINGS FL 34135** 3, Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES 4. FEI Number 65-0315844 City & State City & State Applied For Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CROWTHER, STEVEN S Street Address (P.O. Box Number is Not Acceptable) 10951 E TERRY STREET **BONITA SPRINGS FL 34135** Zip Code City 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to \$5.00 May Be FILE NOW: FEE IS \$61.25 П Trust Fund Contribution. Florida Department of State Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. PD TITLE PD Change Addition TITLE ☐ Delete CROWTHER, STEVEN S. NAME NAME 11380 Dednst P.O. BOX 2766 N/A STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **BONITA SPRINGS FL** CITY-ST-ZIP Crowther TITLE VD Steven 5 TITLE ☐ Delete ☐ Change 10951 E Terryst PAGES, LUIS NAME NAME Bonita Spr. Pl 34135 STREET ADDRESS STREET ADDRESS 11380 DEAN ST CITY-ST-7IP CITY-ST-ZIP **BONITA SPRINGS FL 34135** SD TITLE Delete TITLE. Change Addition PAGES, CANOY NAME NAME STREET ADDRESS 11380 DEAN ST. STREET ADDRESS **BONITA SPRINGS FL 34135** CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE CROWTHER, THERESA NAME NAME STREET ADDRESS 27221 OYIVER DRIVE STREET ADDRESS CITY-ST-7IP **BONITA SPRINGS FL 34135** CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS

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 employered 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 a saddress, with all other like empowered. with all other like empowered.

CITY-ST-7IP

SIGNATURE:

required

**FILED** 

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