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Jan 16 1997 8:00am

Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N48279 (6)

1. Corporation Name

HARVEST HOUSE CHURCH, INC.

Principal Place of Business

Mailing Address

P.O. BOX 1272
MANGO FL 33455804 SUTTON AVE.
BRANDON FL 33510-3414

3. Date Incorporated or Qualified

04/03/1992

3a. Date of Last Report

02/21/1996

2. Principal Place of Business

2a. Mailing Address

21 804 SUTTON AVE

26

Suite, Apt. #, etc

Suite, Apt. #, etc.

22

27

City & State

City & State

23 BRANDON, FL

28

Zip

Country

Zip

Country

24 33510

25

29

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4. FEI Number

59-3090787

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional
Fee Required

6. Election Campaign Financing

Trust Fund Contribution

☐\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes☐

Yes

☐

No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HYLAND, RICHARD
804 SUTTON AVE.
BRANDON FL 33510

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

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 HYLAND, RICHARD J.
STREET ADDRESS 804 SUTTON AVE.
CITY-ST-ZIP BRANDON FL☐ DELETE1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP☐ Change☐ AdditionTITLE VD
NAME HYLAND, RHONDA G.
STREET ADDRESS 804 SUTTON AVE.
CITY-ST-ZIP BRANDON FL☐ DELETE2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP☐ Change☐ AdditionTITLE TD
NAME WATSON, WILLIAM
STREET ADDRESS 1868 LIBBY LANE
CITY-ST-ZIP LAWRENCEVILLE GA☐ DELETE3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP☐ Change☐ AdditionTITLE SD
NAME WATSON, RHONDA
STREET ADDRESS 1868 LIBBY LANE
CITY-ST-ZIP LAWRENCEVILLE GA☐ DELETE4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP☐ Change☐ AdditionTITLE D
NAME COSTEN, GLENN
STREET ADDRESS 1571 NE 170TH ST
CITY-ST-ZIP N MIAMI BCH FL☐ DELETE5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP☐ Change☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ DELETE6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP☐ Change☐ Addition

14. I do 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.

SIGNATURE:

Richard Hyland RICHARD HYLAND

1-3-97 813-681-9626

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0045378

CR2E037 (9/96)