

FILE NOW: FILING FEE IS \$61.25

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Mar 31 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Matham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N48816** (5)

1. Corporation Name

HARVEST FELLOWSHIP BIBLE CHURCH, INC.



Principal Place of Business	Mailing Address
3806 N NEBRASKA AVENUE TAMPA FL 33611	3806 N NEBRASKA AVENUE TAMPA FL 33603-5016

3. Date Incorporated or Qualified 05/11/1992	3a. Date of Last Report 05/01/1996
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2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt #, etc	26 Suite, Apt #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29

4. FEI Number 59-3131018	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**GILMORE, RICARDO L.
334 S. HYDE PARK AVENUE
TAMPA FL 33606**

10. Name and Address of New Registered Agent

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	CD	<input type="checkbox"/> DELETE
NAME	LEWIS, MICHAEL	
STREET ADDRESS	921 E CAYUGA	
CITY-ST-ZIP	TAMPA FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GENTLE, LOUISE	
STREET ADDRESS	10909 N 21ST ST	
CITY-ST-ZIP	TAMPA FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	GAINES, MARCELLOUS	
STREET ADDRESS	1913 ST JOHN ST	
CITY-ST-ZIP	TAMPA FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MCDANIEL, MICHAEL	
STREET ADDRESS	4808 SE SLIGH AVE	
CITY-ST-ZIP	TAMPA FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MYLES, MARGARET	
STREET ADDRESS	1709 15TH AVE E	
CITY-ST-ZIP	TAMPA FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Secretary
2.3 STREET ADDRESS	Donna McCormick
2.4 CITY-ST-ZIP	8700 N. 50th street # 721
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Craig QUINN
3.3 STREET ADDRESS	3304 Acapulco Dr
3.4 CITY-ST-ZIP	Riverview FL 33568
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Allen Fisher
4.3 STREET ADDRESS	9210 Sunny Oak Dr
4.4 CITY-ST-ZIP	Riverview FL 33568
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Katrina Clark
5.3 STREET ADDRESS	638 Sandridge Dr
5.4 CITY-ST-ZIP	Valrico FL 33595
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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: **Michael Lewis** 1-22-97

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0047064

CR2E037 (9/96)

HARVEST FELLOWSHIP BIBLE CHURCH

"A Church Where the WORD Works"

Rev. Micheal W. Lewis, Sr., Pastor and Founder

February 26, 1997

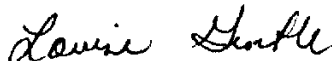
Florida Dept of State
Division of Corp
P. O. Box 6327
Tallahassee, Florida 32314

Re: N48816

Please find attached list of each officer/director and their title.
If you have any additional question, please call (813) 228-0230.

Micheal W. Lewis	President/CEO
Louise Gentle	Vice President/Treasure
Donna Mc Cormick	Secretary
Craig Quinn	Personell Director
Allen Fisher	Director of Policies/Procedures
Katrina Clark	Board Member

Yours in Christ



Louise Gentle/ Vice President

LG/tlc

"One Church in Two Locations"

3800 North Nebraska Avenue
Tampa, Florida 33603
(813) 228-0230

3221 South Bryan Road
Brandon, Florida 33511
(813) 654-1178