

FILE NOW: FILING FEE IS \$61.25

Amended

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Morlham
Secretary of State
DIVISION OF CORPORATIONS

FILED

97 DEC 11 AM 10:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N40016**
1. Corporation Name
Harvest Fellowship Bible Church, Inc

Principal Place of Business
**3806 N. Nebraska Ave
Tampa FL 33611**

800002373868--7
-12/16/97--01102--008
*****61.25 *****61.25

3. Date Incorporated or Qualified **5/11/92** 3a. Date of Last Report

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied for	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	59-3131018		Not Applicable	
22	City & State	27	City & State	5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution ☐		\$5.00 May Be Added to Fees	
24	Country	29	Country	8. 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

**Ricardo L. Gilmore
334 S. Hyde Park Avenue
Tampa, FL 33606**

81 Name **Peter Scaglione, JR**
82 Street Address (P.O. Box Numbers Not Acceptable)
2127 W. Dr. Martin Luther King Jr
83
84 City **Tampa** FL 85 Zip Code **33607**

11. Pursuant to the provisions of Sections 617.0502 and 617.0503, 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]* **PETER SCAGLIONE JR. ATTORNEY** DATE **11/5/97**
(NOTE: Registered Agent signature required when reconstituting)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	Director	☒ DELETE	1.1 TITLE	President + Chairman	☒ Change ☐ Addition		
NAME	Donna McCormick		1.2 NAME	Michael W. Lewis			
STREET ADDRESS	8700 N. 50th ST 721		1.3 STREET ADDRESS	1211 Belladonna			
CITY-ST-ZIP	Temple Terrace FL		1.4 CITY-ST-ZIP	Brandon FL			
TITLE	DPP	☒ DELETE	2.1 TITLE	Treasurer	☒ Change ☐ Addition		
NAME	Allen Fisher		2.2 NAME	Louise Gentle			
STREET ADDRESS	9210 Sunny Oak Dr.		2.3 STREET ADDRESS	10909 N. 21st St			
CITY-ST-ZIP	Riverview FL		2.4 CITY-ST-ZIP	Tampa FL 33612			
TITLE		☐ DELETE	3.1 TITLE	Director	☒ Change ☐ Addition		
NAME			3.2 NAME	Craig Quinn			
STREET ADDRESS			3.3 STREET ADDRESS	3301 Acapulco DR			
CITY-ST-ZIP			3.4 CITY-ST-ZIP	Riverview FL			
TITLE		☐ DELETE	4.1 TITLE	Director	☐ Change ☒ Addition		
NAME			4.2 NAME	Katrina Clark			
STREET ADDRESS			4.3 STREET ADDRESS	638 Sand Ridge DR			
CITY-ST-ZIP			4.4 CITY-ST-ZIP	Valrico FL			
TITLE		☐ DELETE	5.1 TITLE	Director	☐ Change ☒ Addition		
NAME			5.2 NAME	Sheryl Bouter			
STREET ADDRESS			5.3 STREET ADDRESS	3024 Ripplewood Dr			
CITY-ST-ZIP			5.4 CITY-ST-ZIP	Seffner FL			
TITLE		☐ DELETE	6.1 TITLE	Member	☐ Change ☒ Addition		
NAME			6.2 NAME	Glenda Jones			
STREET ADDRESS			6.3 STREET ADDRESS	1702 W. Palmetto St.			
CITY-ST-ZIP			6.4 CITY-ST-ZIP	Tampa FL			

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: *[Signature]* **Louise Gentle** DATE **12/8/97** DAYTIME PHONE # **83-228-6230**
(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

CR2E037 (9/96)