

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N48816

1. Entity Name

HARVEST FELLOWSHIP BIBLE CHURCH, INC.

FILED
May 23, 2000 8:00 am
Secretary of State

05-23-2000 90142 001 ***183.75

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

2. Principal Place of Business		3. Mailing Address	
Suite, Apt., #, etc.		Suite, Apt., #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



DO NOT WRITE IN THIS SPACE

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. Name and Address of Current Registered Agent

SCAGLIONE, PETER JR.
 2127 W. DR. MARTIN LUTHER KING JR.
 TAMPA FL 33607

7. Name and Address of New Registered Agent

Name: **Moss, Marilyn F**
 Street Address (P.O. Box Number is Not Acceptable):
810 Stratford Ave
 City: **Tampa** FL Zip Code: **33603**

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.

SIGNATURE: *Marilyn F. Moss* DATE: **02/01/2000**

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEWIS, MICHAEL W 1211 BELLADONNA BRANDON FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GENTLE, LOUISE 10909 N 21ST ST TAMPA FL 33612	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GADSON, CLYDE 11949 ARK SONG LOOP RIVERVIEW FL 33568	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GAINES, MARC 1913 ST JOHN ST TAMPA FL 33607	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M LEWIS, SHERRY 1211 BELLADONNA BRANDON FL 33510	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M JONES, GLENDA 1702 W. PALMETTO ST. TAMPA FL	<input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Montgomery, Kimberly 810 Stratford Ave. Tampa, FL 33603	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Moss, Marilyn 810 Stratford Ave. Tampa, FL 33603	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M White, Sean 817 chess place Seffner, FL 33584	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M Dickerson, Nicholas 2921 Folklore Drive Valrico, FL 33595	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 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 attachment with an address, with an other like empowered.

SIGNATURE: *[Signature]* **2-3-00**

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

CR2E037 (9/99)