

2001, UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 01, 2001 8:00 am
Secretary of State

06-01-2001 90002 044 ****65.00

DOCUMENT # N48816

1. Entity Name

HARVEST FELLOWSHIP BIBLE CHURCH, INC.

Principal Place of Business

**3806 N NEBRASKA AVENUE
TAMPA FL 33611**

Mailing Address

**3806 N NEBRASKA AVENUE
TAMPA FL 33611**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3131018

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**MOSS, MARILYN F
810 STRATFORD AVE
TAMPA FL 33603**

7. Name and Address of New Registered Agent

Name **Sean White**
Street Address (P.O. Box Number is Not Acceptable) **810 Stratford Avenue**
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.

33603

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOT : Registered Agent signature required when reinstating)

DATE

**FILE NOW:
FEE IS \$61.25**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	LEWIS, MICHAEL W	
STREET ADDRESS	1211 BELLADONNA	
CITY-ST-ZIP	BRANDON FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	MONTGOMERY, KIMBERLY	
STREET ADDRESS	810 STRATFORD AVE.	
CITY-ST-ZIP	TAMPA FL 33603	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	MOSS, MARILYN	
STREET ADDRESS	810 STRATFORD AVE	
CITY-ST-ZIP	TAMPA FL 33603	
TITLE	D	<input type="checkbox"/> Delete
NAME	WHITE, SEAN	
STREET ADDRESS	817 CHESS PLACE	
CITY-ST-ZIP	SEFFNER FL 33584	
TITLE	M	<input type="checkbox"/> Delete
NAME	LEWIS, SHERRY	
STREET ADDRESS	1211 BELLADONNA	
CITY-ST-ZIP	BRANDON FL 33510	
TITLE	M	<input type="checkbox"/> Delete
NAME	DICKERSON, NICHOLAS	
STREET ADDRESS	2921 FOLKLORE DRIVE	
CITY-ST-ZIP	VALNCO FL 33595	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Myrthe Martinez
STREET ADDRESS	5202 E. 32nd St
CITY-ST-ZIP	Tpa, FL 33603
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D White, Sean
STREET ADDRESS	810 Stratford Ave
CITY-ST-ZIP	Tampa, FL 33510
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 another like empowered

SIGNATURE:

[Signature]

1-3-01

813-228-0230

CR2E037 (10/00)