

2002 UNIFORM BUSINESS REPORT (UBR).

1/14/02-90026-011

FILED
Feb 25, 2002 8:00 am
Secretary of State

01-14-2002 90026 011 ***61.25

DOCUMENT # N48816

1. Entity 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 33611

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number
59-3131018

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WHITE, SEAN
810 STRATFORD AVE
TAMPA FL 33613

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

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

(NOTE: 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
LEWIS, MICHAEL W
1211 BELLADONNA
BRANDON FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
MONTGOMERY, KIMBERLY
810 STRATFORD AVE
TAMPA FL 33603 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
T
MARTINEZ, MYRTLE
5202 E. 32ND ST
TAMPA FL 33603 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Secretary
Patricia Carter
3806 N. Nebraska Ave Tampa FL 33611 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
WHITE, SEAN
810 STRATFORD AVE
TAMPA FL 33510 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
M
LEWIS, SHERRY
1211 BELLADONNA
BRANDON FL 33510 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
M
DICKERSON, NICHOLAS
2921 FOLKLORE DRIVE
VALNCO FL 33595 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ 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 all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

1-8-01 813-2280230

CR2E037 (9/01)