

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000000149

1. Entity Name

WORLD HARVEST EAGLE MINISTRY INC.

**FILED**  
**May 11, 2000 8:00 am**  
**Secretary of State**

05-11-2000 90005 031 \*\*\*\*70.00

Principal Place of Business

Mailing Address

2276 NORTH U.S. #1  
FT. PIERCE FL 34946

2276 NORTH U.S. #1  
FT. PIERCE FL 34946

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

65-0387917

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

GASKIN, MARJORIE B  
2010 AVENUE O  
FT. PIERCE FL 34950

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	CD	<input type="checkbox"/> Delete
NAME	JEAN, ILA	
STREET ADDRESS	2003 AVE O	
CITY-ST-ZIP	FT. PIERCE FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	MORRIS, MICHEAL	
STREET ADDRESS	2816 FAIRWAY DRIVE	
CITY-ST-ZIP	FT. PIERCE FL 34982	
TITLE	SD	<input type="checkbox"/> Delete
NAME	GASKIN, MARJORIE B	
STREET ADDRESS	2010 AVENUE O	
CITY-ST-ZIP	FT. PIERCE FL 34950	
TITLE	TD	<input type="checkbox"/> Delete
NAME	MORRIS, PATRICIA B	
STREET ADDRESS	2007 AVENUE O	
CITY-ST-ZIP	FT. PIERCE FL 34950	
TITLE	VD	<input type="checkbox"/> Delete
NAME	CHESTER, SYLENA R	
STREET ADDRESS	2108 CANAL TERRACE	
CITY-ST-ZIP	FT. PIERCE FL 34950	
TITLE	D	<input type="checkbox"/> Delete
NAME	HEWITT, ELMORA D	
STREET ADDRESS	2010 AVENUE O	
CITY-ST-ZIP	FT. PIERCE FL 34950	

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	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: *Marjorie B. Gaskin* REMARSED B. Gaskin

04/28/2000

561-460-2200 X336

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR20037 10/99