2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N9300000149

Entity Name: WORLD HARVEST EAGLE MINISTRY INC.

FILED Sep 12, 2002 Secretary of State

Current Principal Place of Business:			New Princip	New Principal Place of Business:		
2276 NORTH U.S. #1 FT. PIERCE, FL 34946			2276 NORTH FT. PIERCE,			
Current M	lailing Addre	ss:	New Mailing	New Mailing Address:		
	TH U.S. #1 E, FL 34946					
FEI Number:	: 65-0387917	FEI Number Applied For()	FEI Number Not Applica	able () Certificate of Status	s Desired (X)	
Name and	Address of (Current Registered Agent:	Name and A	Address of New Registered A	gent:	
GASKIN, MARJORIE B 2010 AVENUE O FT. PIERCE, FL 34950 US			2010 AVENU	GASKIN, MARJORIE B MS. 2010 AVENUE O FT. PIERCE, FL 34950 US		
	named entity of Florida.	submits this statement for the	purpose of changing its	registered office or registered	agent, or both,	
SIGNATURE: MARJORIE B. GASKIN				09/12/2002		
	Electro	nic Signature of Registered Ag	ent	Date		
OFFICERS	S AND DIREC	TORS:	ADDITIONS	CHANGES TO OFFICERS A	ND DIRECTORS	
Title: Name: Address: City-St-Zip:	CD (JEAN, ILA 2003 AVE Q FT. PIERCE, F) Delete L	Title: Name: Address: City-St-Zip:	() Change () Addition		
Title: Name: Address: City-St-Zip:	VD (MORRIS, MICH 2816 FAIRWA FT. PIERCE, F	Y DRIVE	Title: Name: Address: City-St-Zip:	() Change () Addition		
Title: Name: Address: City-St-Zip:	SD (GASKIN, MAR 2010 AVENUE FT. PIERCE, F	0	Title: Name: Address: City-St-Zip:	() Change () Addition		
Title: Name: Address: City-St-Zip:	TD (MORRIS, PATI 2007 AVENUE FT. PIERCE, F	0	Title: Name: Address: City-St-Zip:	() Change () Addition		
Title: Name: Address: City-St-Zip:	VD (CHESTER, SY 2108 CANAL T FT. PIERCE, F	ERRACE	Title: Name: Address: City-St-Zip:	() Change () Addition		
Title: Name: Address: City-St-Zip:	D (HEWITT, ELNO 2010 AVENUE FT. PIERCE, F	0	Title: Name: Address: City-St-Zip:	()Change ()Addition		

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARJORIE B. GASKIN S/D 09/12/2002