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Jan 27, 1999 8:00am
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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N94000001970

1. Corporation Name

HARVEST CHURCH INTERNATIONAL, INC.

Principal Place of Business

Mailing Address

7236 S. R. 52, SUITE 6
BAYONET POINT FL 34667

7236 S.R. 52
SUITE #6
HUDSON FL 34667
US



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

21

26

04/21/1994

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

Applied For

22

27

59-3260379

Not Applicable

City & State

City & State

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

23

28

Zip

Country

Zip

Country

6. Election Campaign Financing

\$5.00 May Be

24

25

29

30

Trust Fund Contribution ☐

Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

THOMPSON, STEVEN E
1901 ACME RD
HOLIDAY FL 34690

81 Name

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

83

84 City

FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETE
NAME THOMPSON, STEVEN E
STREET ADDRESS 1901 ACME RD
CITY-ST-ZIP HOLIDAY, FL 34690

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE VD ☐ DELETE
NAME THOMPSON, LORETTA M
STREET ADDRESS 1901 ACME RD
CITY-ST-ZIP HOLIDAY FL 34690

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE TD ☐ DELETE
NAME JORGENSEN, JOHN
STREET ADDRESS 7332 COVENTRY DR
CITY-ST-ZIP PORT RICHEY FL 34668

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE SD ☐ DELETE
NAME HUNTER, CARLA
STREET ADDRESS 6548 ABERDEEN AVE
CITY-ST-ZIP NEW PORT RICHEY FL 34653

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE D ☐ DELETE
NAME HUNTER, RON
STREET ADDRESS 6548 ABERDEEN AVE
CITY-ST-ZIP NEW PORT RICHEY FL

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE D ☐ DELETE
NAME JORGENSEN, FAITH
STREET ADDRESS 7332 COVENTRY DR
CITY-ST-ZIP PORT RICHEY FL 34668

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 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

1-5-99

1-727-861-0200

CR2E037 (11/98)