2000 UNIFORM BUSINESS REPORT (UBK) **FILED** DOCUMENT # **N94000001970** Mar 31, 2000 8:00 am 1. Entity Name **Secretary of State** HARVEST CHURCH INTERNATIONAL, INC. 03-31-2000 90004 028 ****61.25 Principal Place of Business Mailing Address 7236 S.R. 52 7236 S. R. 52. SUITE 6 **BAYONET POINT FL 34667** SUITE #6 HUDSON FL 34667 3. Mailing Address 6434 RIVER RIJGE ROAD 2. Principal Place of Business DO NOT WRITE IN THIS SPACE City & State 4. FEI Number Applied For 59-3260379 Not Applicable Countr \$8.75 Additional 5. Certificate of Status Desired USA Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent E. THOMPSON Street Address (P.O. Box Number is Not Acceptable) THOMPSON, STEVEN E 1901 ACME RD HOLIDAY FL 34690 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, SIGNATURE F 17-124 \$5.00 May Be Make Check Payable to FILE NOW: 9. Election Campaign Financing Trust Fund Contribution. **FEE IS \$61.25** Added to Fees Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. ☐ Change ☐ Addition ☐ Defete TITLE THOMPSON, STEVEN E NAME STREET ADDRESS 1901 ACME RD CITY-ST-ZIP HOLIDAY FL 34690 ☐ Change ☐ Addition ☐ Delete TITI E THOMPSON, LORETTA M NAME STREET ADDRESS 1901 ACME RD CITY-ST-ZIP

10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-7IP HOLIDAY FL 34690 TITLE ____ Change Addition TITLE Delete_ NAME JORGENSEN, JOHN NAME STREET ADDRESS STREET ADDRESS 7332 COVENTRY DR CITY-ST-ZIE CITY-ST-ZIP PORT RICHEY FL 34668 Change ☐ Addition TITLE SD ☐ Delete TITLE NAME HUNTER, CARLA NAME STREET ADDRESS STREET ADDRESS 6548 ABERDEEN AVE CITY-ST-ZIP CITY-ST-ZIP **NEW PORT RICHEY FL 34653** TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME HUNTER, RON STREET ADDRESS STREET ADDRESS 6548 ABERDEEN AVE CITY-ST-ZIP CITY-ST-ZIP **NEW PORT RICHEY FL** ☐ Change ☐ Addition ☐ Delete TITLE NAME JORGENSEN, FAITH NAME STREET ADDRESS 7332 COVENTRY DR STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PORT RICHEY FL 34668

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAN 15, 2000, 841-6026