

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000001970

1. Entity Name

HARVEST CHURCH INTERNATIONAL, INC.

FILED
Mar 31, 2000 8:00 am
Secretary of State

03-31-2000 90004 028 ****61.25

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

3. Mailing Address

6434 RIVER RIDGE ROAD
 Suite, Apt. #, etc.

6434 RIVER RIDGE ROAD
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

NEW PORT RICHEY, FL.

City & State

NEW PORT RICHEY, FL.

4. FEI Number

59-3260379

Applied For

Not Applicable

Zip

34653

Country

USA

Zip

34653

Country

USA

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

THOMPSON, STEVEN E
 1901 ACME RD
 HOLIDAY FL 34690

Name **STEVEN E. THOMPSON**

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

6434 RIVER RIDGE ROAD

City **NEW PORT RICHEY** FL Zip Code **34653**

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

Steven E Thompson P.O. **STEVEN E. THOMPSON** **JAN 19 2000**

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 **PD** Delete
 NAME **THOMPSON, STEVEN E**
 STREET ADDRESS **1901 ACME RD**
 CITY-ST-ZIP **HOLIDAY FL 34690**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

JAN 19, 2000, 841-6026

Date

Daytime Phone #

CR2E037 (9/99)