

**Donna**

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

**HARVEST CHURCH INTERNATIONAL, INC.**

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

Suite, Apt. #, etc.

**\$8.75** Additional  
Fee Required

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.

DATE \_\_\_\_\_

**Make Check Payable to  
Department of State**

TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> 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.

Daytime Phone: 212-693-1100

CR2E037 (9/99)