FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1996

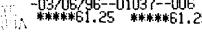
DOCUMENT #



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS



DOCUI	MENT # N9400 (0003666 (4	.)		1.0	ebelia inilia ******	1.25	****	¥61.25
	HARVEST CHRISTIAN CENTE			• •	•••			****	
Principal Place of Business Mailing Address						1 10811101 E16 (DIE: DIDIA DDIIA DEIIA DEI			
6205 WOODVILLE HIGHWAY ROUTE 16. BOX 3071 TALLAHASSEE FL 32301 TALLAHASSEE FL 32304									
						3. Date Incorporated or Qualified 07/25/1994	3a. t	Date of Last 08/11/1	•
2. Principal Pl	2a. Mailing Address	iling Address			4. FEI Number		-	Applied For	
Suite, Apt.	# etc	Suite, Apt. #, etc.				59-3254877			Not Applicable
22 27			π, σιο.			Certificate of Status Desired		•	Additional Required
City & State	9	City & State				Election Campaign Financing			O May Be
23		28				Trust Fund Contribution		,	d to Fees
Zip	Country 25	Zip	Cou	ntry		8. This corporation has liability for it			199.032,
24	9. Name and Address of Current	Registered Agent	30			Florida Statutes 10. Name and Address of New Ri	Yes [
				81 Name		10. Hallo and realized of 110H F	- Aleroi er	- Agoill	
BROWN, RAY C				80 0		s (P.O. Box Number is Not Acceptable	(- X		
ROUTE 16, BOX 3071				82 Street	Addres	is (P.O. Box Number is Not Acceptable	ө		
TALLAHASSEE FL 32304				83					
				84 City				85 Z¢	o Code
							FI	L · /	,
11. Pursuant t	to the provisions of Sections 617.0502 a ed agent, or both, in the State of Florida	and 617.1508, Florida Statute	s, the abo	ve-named o	orporati	on submits this statement for the purport directors. I hereby accept the appro-	pose of cl	hanging its r	egistered office
familiar wi	th, and accept the obligations of, Sectio	n 617.0503, Florida Statutes	·	orporation s	· coard	or directors. Thereby accept the appo	MILTINGIA E	is registered	agork. i am
SIGNATURE .									
12.	Signature typed or printed name of registered agent ar OFFICERS AND		13.	Agent signature	required w	nen reinstating) ADDITIONS/CHANGES TO OFFI	DATE	ID DIRECTO	20 INI 20
TITLE	PD	DELETE	1.1 ไป	TLE	177	TR	OLI IO AI	Change	Addition
NAME (BROWN, ROY C		1.2 N	LM E	1 × =	300 F			43
STREET ADDRESS	RT. 16 BOX 3071		1.3 ST	REET ADDRESS	18	soc Principly to Kenth of the			
CiTY-ST-ZIP	TALLAHASSEE FL 32304		3.4 CI	TY-ST-ZIP	100	la 11 37354			
TITLE	TR	DELETE	2.1 1(1	TLE .				Change	Addition
NAME	RICHARDSON, KEN		2.2 NA	ME					
STREET ADDRESS	1049 WINFIELD FORREST DR.		2 3 ST	REET ADDRESS					
CITY-ST-ZIP	TALLAHASSEE FL 32311			TY-ST-ZIP	ļ				
TITLE	STR	DELETE	3.1 11					☐ Change	■ Addition
NAME STREET ADORESS	BROWN, MOLLIE L		32 NA						
CITY-ST-ZIP	RT. 16 BOX 3071			REET ADDRESS					
TITLE	TALLAHASSEE FL 32304 DTR	DELETE	3.4. C	ITY-ST-ZIP	D	· 🛮		Change	Addition
NAME	DIXON, JAMES	-	4.2N		'	. • (Change	C Montain
STREET ADDRESS	1010 BASIN ST. APT. 232-H			REET ADDRESS					
CITY-ST-ZIP	TALLAHASSEE FL 32304			TY-ST-ZIP					
TITLE		DELETE	5 1 TII					Change	■ Addition
NAME			5 2 NA	ME					
STREET ADDRESS			5 3 ST	REET ADDRESS					
CITY-ST-ZIP			5 4 C	TY-ST-ZIP	ļ				
THILE		DELETE	6 1 Til					Change	Addition
NAME			6.2 NA						
STREET ADDRESS			63 ST	REET ADDRESS	i				6-18 N

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I (7) is 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 cath; 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.

CR2E037 (12/95)