

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000003666

1. Entity Name

NEW HARVEST CHRISTIAN CENTER CHURCH OF GOD IN CHRIST INC.

Principal Place of Business

Mailing Address

6205 WOODVILLE HIGHWAY  
TALLAHASSEE FL 32301

P.O. BOX 6607  
TALLAHASSEE FL 32310  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3254877

Applied For

Not Applicable

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

BROWN, RAY C  
ROUTE 16, BOX 3071  
TALLAHASSEE FL 32304

Name

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

City

FL

Zip Code

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

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 BROWN, ROY C  
STREET ADDRESS RT. 16 BOX 3071  
CITY-ST-ZIP TALLAHASSEE FL 32304

TITLE TR ☐ Change ☒ Addition  
NAME Micheal Smith  
STREET ADDRESS 5650 Sullivan Rd.  
CITY-ST-ZIP Tallahassee, FL 32310

TITLE TR ☒ Delete  
NAME RICHARDSON, KEN  
STREET ADDRESS 1049 WINFIELD FORREST DR.  
CITY-ST-ZIP TALLAHASSEE FL 32311

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE STR ☐ Delete  
NAME BROWN, MOLLIE L  
STREET ADDRESS RT. 16 BOX 3071  
CITY-ST-ZIP TALLAHASSEE FL 32304

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE TRD ☒ Delete  
NAME RANDOLPH, ISAAC  
STREET ADDRESS 1821 KEITH ST.  
CITY-ST-ZIP TALLAHASSEE FL 32304

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE M ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

*Mollie L Brown*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-02  
Date

Daytime Phone #

FILED  
May 27, 2002 8:00 am  
Secretary of State

05-27-2002 90500 024 \*\*\*\*61.25

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DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)