

**NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 29, 2002 8:00 am**  
**Secretary of State**

05-29-2002 90737 049 \*\*\*\*61.25

DOCUMENT # 19500000975 ✓

1. Entity Name

CHRIS HARVEY MINISTRIES

**DO NOT WRITE IN THIS SPACE**

80123351

2. Principal Place of Business

Chris Harvey Ministries

3. Mailing Address

Chris Harvey Ministries

Suite, Apt. #, etc.

Suite, Apt. #, etc.

3339 Harden St

Po Box 6786

City & State

City & State

Spring Hill FL

Spring Hill, FL

Zip

Country

Zip

Country

34606

U.S.A.

34611

U.S.

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3237006

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name CHRIS HARVEY

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

3339 Harden Street

City Spring Hill

FL

Zip Code

34606

**DO NOT WRITE  
IN THIS SPACE**

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

**FEE IS \$61.25**  
**Initial or Amended UBR**

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>PRESIDENT</u> <u>CHRIS HARVEY</u> <u>Po Box 5620</u> <u>KINGWOOD, TX 77325</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>VICE/PRESIDENT</u> <u>LYNETTE HARVEY</u> <u>1414 SUMMER RAIN DRIVE</u> <u>KINGWOOD, TX 77339</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>ST</u> <u>DIANE MAGUIRE</u> <u>12202 N 22nd ST APT 732</u> <u>Tampa, FL 33612</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>D</u> <u>Duane Arnold</u> <u>4975 C 91st Ave. North</u> <u>Pinellas Park, FL 34666</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>D</u> <u>Carolyn Arnold</u> <u>4975 C 91st Ave. North</u> <u>Pinellas Park, FL 34666</u>
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: VICE-PRESIDENT- Phyllis LYNETTE C. HARVEY 281-359-7740

CR2E037B (12/01)