

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 25, 2004 8:00 am
Secretary of State

02-25-2004 90046 049 ****61.25

DOCUMENT # N95000000975

1. Entity Name

CHRIS HARVEY MINISTRIES, INC.



Principal Place of Business

CHRIS HARVEY MINISTRIES
3339 HARDEN STREET
SPRING HILL FL 34606
US

Mailing Address

CHRIS HARVEY MINISTRIES
3339 HARDEN STREET
SPRING HILL FL 34606
US

2. Principal Place of Business

7656 SAINT ANDREWS BVD
Suite, Apt. #, etc.

3. Mailing Address

7656 SAINT ANDREWS BVD
Suite, Apt. #, etc.



MOORE

CR2E037 (11/03)

City & State

BROOKSVILLE, FL

Zip
34613

Country

U.S.A.

City & State

BROOKSVILLE, FL

Zip
34613

Country

USA

4. FEI Number

59-3237006

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HARVEY, CHRIS
3339 HARDEN STREET
SPRING HILL FL 34606

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

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
Due By May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
HARVEY, CHRISTOPHER F
P O BOX 5620
KINGWOOD TX 77325 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
HARVEY, LYNETTE C
144 SUMMER RAIN DRIVE
KINGWOOD TX 77339 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
ST
MAGUIRE, DIANE
12202 N 22ND ST, APT 732
TAMPA FL 33612 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
ARNOLD, DUANE
4975 C 91ST AVE, NORTH
PINELLAS PARK FL 34666 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
ARNOLD, CAROLYN
4975 C 91ST AVE. NORTH
PINELLAS PARK FL 34666 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE
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☐ Change ☐ Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Vice President

Date

Daytime Phone #

2/18/04 281-359-7740