


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

FILED
Mar 10, 2005 8:00 am
Secretary of State

03-10-2005 90129 005 ****61.25

DOCUMENT # <u>149500000975</u>	
1. Entity Name <u>CHRIS HARVEY MINISTRIES</u>	

DO NOT WRITE IN THIS SPACE

40025540

2. Principal Place of Business <u>CHRIS HARVEY MINISTRIES</u>		3. Mailing Address <u>CHRIS HARVEY MINISTRIES</u>	
Suite, Apt. #, etc. <u>7656 SAINT ANDREWS BLVD</u>		Suite, Apt. #, etc. <u>PO BOX 5620</u>	
City & State <u>BROOKSVILLE FL</u>		City & State <u>KINGWOOD TEXAS</u>	
Zip <u>34613</u>	Country <u>U.S.A.</u>	Zip <u>77325</u>	Country <u>U.S.A.</u>

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4. FEI Number <u>59-3237006</u>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name <u>CHRIS HARVEY</u>
Street Address (P.O. Box Number is Not Acceptable) <u>7656 SAINT ANDREWS BLVD</u>
City <u>BROOKSVILLE</u>
State <u>FL</u>
Zip Code <u>34613</u>

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

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
Florida 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
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
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
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
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>	TITLE NAME STREET ADDRESS CITY - ST - ZIP
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IN THIS SPACE**

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: SHarvey VICE-PRESIDENT 3-2-05 281-359-7740

CR2E037B (12/02)