

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 27, 2003 8:00 am**  
**Secretary of State**

01-27-2003 90206 009 \*\*\*\*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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

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**

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	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>HARVEY, CHRISTOPHER F</b>	
STREET ADDRESS	<b>P O BOX 5620</b>	
CITY-ST-ZIP	<b>KINGWOOD TX 77325</b>	
TITLE	<b>VP</b>	<input type="checkbox"/> Delete
NAME	<b>HARVEY, LYNETTE C</b>	
STREET ADDRESS	<b>144 SUMMER RAIN DRIVE</b>	
CITY-ST-ZIP	<b>KINGWOOD TX 77339</b>	
TITLE	<b>ST</b>	<input type="checkbox"/> Delete
NAME	<b>MAGUIRE, DIANE</b>	
STREET ADDRESS	<b>12202 N 22ND ST, APT 732</b>	
CITY-ST-ZIP	<b>TAMPA FL 33612</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>ARNOLD, DUANE</b>	
STREET ADDRESS	<b>4975 C 91ST AVE, NORTH</b>	
CITY-ST-ZIP	<b>PINELLAS PARK FL 34666</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>ARNOLD, CAROLYN</b>	
STREET ADDRESS	<b>4975 C 91ST AVE, NORTH</b>	
CITY-ST-ZIP	<b>PINELLAS PARK FL 34666</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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)(f), 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:

**CHRISTOPHER F HARVEY J.P.** 1-23-03 281-359-7740

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E037 (10/02)