

FILE NOW: FILING FEE IS \$61.20

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Moore
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N95000000980 (1)

1. Corporation Name

HARVESTIME EVANGELISTIC ASSOCIATION, INC.



Principal Place of Business

Mailing Address

6107 118TH ST
JACKSONVILLE FL 32238

6107 118TH ST
JACKSONVILLE FL 32238

3. Date Incorporated or Qualified
02/28/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 38141 McDonald St.

26 38141 McDonald St.

4. FEI Number

59-2315130

Applied For

Not Applicable

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

23 City & State

28 City & State

DADE CITY, FL

DADE CITY, FL

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

24 Zip 33525 25 Country USA

29 Zip 33525 30 Country USA

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WELLS, LAMAR
6107 118TH ST
JACKSONVILLE FL 32238

81 Name

Lamar Wells

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

38541 Dennis Lane

83

84 City

DADE CITY

FL

85 Zip Code 33526

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Lamar Wells (CEO)

Lamar Wells

4/14/96

Signature, typed or printed name of registered agent and file if applicable

NOTE: Registered Agent signature required when reinstating

DATE

12. OFFICERS AND DIRECTORS

TITLE CD
NAME WELLS, LAMAR
STREET ADDRESS 6107 118TH ST
CITY-ST-ZIP JACKSONVILLE FL 32238 ☐ DELETE

TITLE SD
NAME WELLS, EVA
STREET ADDRESS 6107 118TH ST
CITY-ST-ZIP JACKSONVILLE FL 32238 ☐ DELETE

TITLE TD
NAME ANDREWS, R. STEPHEN
STREET ADDRESS 11111 JIM JORDAN RD
CITY-ST-ZIP DADE CITY FL 33525 ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE CD
1.2 NAME Wells, Lamar
1.3 STREET ADDRESS P.O. Box 38541 Dennis Ln
1.4 CITY-ST-ZIP DADE CITY, FL 33526 24th/25th Sts, FL 33520 ☐ Change ☐ Addition

2.1 TITLE SD
2.2 NAME Wells, EVA OK
2.3 STREET ADDRESS P.O. Box 38541 Dennis Ln
2.4 CITY-ST-ZIP DADE CITY, FL 33526 24th/25th Sts, FL 33520 ☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP ☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP ☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP ☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Lamar Wells

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date:

5/1/96

813782-8370

CR2E037 (12/95)