

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000000980

1. Entity Name

HARVESTIME EVANGELISTIC ASSOCIATION, INC.

FILED
May 22, 2000 8:00 am
Secretary of State

05-22-2000 90082 044 ****61.25

Principal Place of Business

APOSTOLIC LIGHTHOUSE
 403 FREDERICK AVE.
 DUNDEE FL 33838

Mailing Address

700 BEACH DR. N.E.
 APT. #406
 ST. PETERSBURG FL 33701-2646

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2315630

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WELLS, LAMAR
 4845 BAY ST. APT. #312
 ST. PETERSBURG FL 33702

Name: **SAME**
 Street Address, P.O. Box Number, is Not Acceptable
700 Beach Dr. N.E.,
APT 406
 City: **St Petersburg** FL Zip Code: **33701**

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

FILE NOW:
 FEE IS \$61.25

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	CD	<input type="checkbox"/> Delete
NAME	WELLS, LAMAR A	
STREET ADDRESS	4895 BAY ST. APT. #312	Address change
CITY-ST-ZIP	ST. PETERSBURG FL 33702	
TITLE	SD	<input type="checkbox"/> Delete
NAME	WATSON, EDDIE	
STREET ADDRESS	3340 HWY. 27 N.	Address change
CITY-ST-ZIP	LAKE WALES FL 33853	
TITLE	TD	<input type="checkbox"/> Delete
NAME	WATSON, BARBARA	Address change
STREET ADDRESS	3340 HWY. 27 N.	
CITY-ST-ZIP	LAKE WALES FL 33853	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	CD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WELLS, LAMAR A	
STREET ADDRESS	700 Beach Dr. N.E.	
CITY-ST-ZIP	St Petersburg FL 33701	
TITLE	S.D.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WATSON, EDDIE	
STREET ADDRESS	1004 JOAN ST	
CITY-ST-ZIP	Dundee FL 33838	
TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WATSON, BARBARA	
STREET ADDRESS	1004 JOAN ST	
CITY-ST-ZIP	Dundee FL 33838	
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Guy, Betty L	
STREET ADDRESS	700 BEACH DR NE	
CITY-ST-ZIP	St Petersburg FL 33701	
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Guy, Michael K	
STREET ADDRESS	315 W 35th ST	
CITY-ST-ZIP	Griffith IN 46319	
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Guy, Tony R	
STREET ADDRESS	8435 SUN SPRITE CT	
CITY-ST-ZIP	Orlando FL 32818	

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

Date

Daytime Phone #

4/29/00 727-894-0159

CR2E037 (9/99)