

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # N95000000980**

1. Entity Name

**HARVESTIME EVANGELISTIC ASSOCIATION, INC.**

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**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

**59-2315630**

Applied For

Not Applicable

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  
700 BEACH DR N.E.  
APT 406  
SAINT PETERSBURG FL 33701**

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.

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  
After September 12, 2001, min. will be \$236.25**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

TITLE	CD	<input type="checkbox"/> Delete
NAME	WELLS, LAMAR A	
STREET ADDRESS	700 BEACH DR NE	
CITY-ST-ZIP	DUNDEE FL 33838	
TITLE	SD	<input type="checkbox"/> Delete
NAME	WATSON, EDDIE	
STREET ADDRESS	700 BEACH DR NE	
CITY-ST-ZIP	DUNDEE FL 33838	
TITLE	TD	<input type="checkbox"/> Delete
NAME	WATSON, BARBARA	
STREET ADDRESS	700 BEACH DR NE	
CITY-ST-ZIP	DUNDEE FL 33838	
TITLE	T	<input type="checkbox"/> Delete
NAME	GUY, BETTE L	
STREET ADDRESS	700 BEACH DR NE	
CITY-ST-ZIP	SAINT PETERSBURG FL 33701	
TITLE	T	<input type="checkbox"/> Delete
NAME	GUY, MICHAEL K	
STREET ADDRESS	315 W 35TH ST	
CITY-ST-ZIP	GRIFFITH IN 46319	
TITLE	T	<input type="checkbox"/> Delete
NAME	GUY, TONY R	
STREET ADDRESS	8435 SUN SPRITE CT	
CITY-ST-ZIP	ORLANDO FL 32818	

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
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
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)(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 REQUIRED**

August 30-01

**FILED  
Sep 06, 2001 8:00 am  
Secretary of State**

09-06-2001 90009 011 \*\*\*\*61.25

00000754



DO NOT WRITE IN THIS SPACE

CR2E037 (5/01)