

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 04, 2002 8:00 am
Secretary of State

02-04-2002 90125 025 ****61.25

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 & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2315630

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

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

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.

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** ☐ Delete
 NAME **WELLS, LAMAR A**
 STREET ADDRESS **700 BEACH DR NE**
 CITY-ST-ZIP **DUNDEE FL 33838**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **SD** ☐ Delete
 NAME **WATSON, EDDIE**
 STREET ADDRESS **700 BEACH DR NE**
 CITY-ST-ZIP **DUNDEE FL 33838**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **TD** ☒ Delete
 NAME **WATSON, BARBARA**
 STREET ADDRESS **700 BEACH DR NE**
 CITY-ST-ZIP **DUNDEE FL 33838**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **T** ☐ Delete
 NAME **GUY, BETTE L**
 STREET ADDRESS **700 BEACH DR NE**
 CITY-ST-ZIP **SAINT PETERSBURG FL 33701**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **T** ☐ Delete
 NAME **GUY, MICHAEL K**
 STREET ADDRESS **315 W 35TH ST**
 CITY-ST-ZIP **GRIFFITH IN 46319**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **T** ☐ Delete
 NAME **GUY, TONY R**
 STREET ADDRESS **8435 SUN SPRITE CT**
 CITY-ST-ZIP **ORLANDO FL 32818**

TITLE ☐ Change ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)