

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000002297

1. Entity Name

WORLD HARVEST MISSIONS, INC.

Principal Place of Business

11020 ROSEMARY DR  
BONITA SPRINGS FL 34135

Mailing Address

11020 ROSEMARY DR  
BONITA SPRINGS FL 34135

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

65-0618422

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

Name

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

City

FL

Zip Code

CROWTHER, STEVEN S  
27221 OLIVER DR  
BONITA SPRINGS FL 34135

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 PD  
NAME BRUYNING, LUCIUS H ☐ Delete  
STREET ADDRESS P.O. BOX 2248 N/A  
CITY-ST-ZIP BONITA SPRINGS FL

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

TITLE VD  
NAME ADAMS, WILFRED ☐ Delete  
STREET ADDRESS P.O. BOX 10769 N/A  
CITY-ST-ZIP GEORGETOWN, GUYANA

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

TITLE STD  
NAME CROWTHER, STEVEN S ☐ Delete  
STREET ADDRESS 27221 OLIVER DR  
CITY-ST-ZIP BONITA SPRINGS FL

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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CITY-ST-ZIP

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CITY-ST-ZIP

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

LUCIUS BRUYNING (941) 992-1211

Date

Daytime Phone #

FILED  
May 16, 2002 8:00 am  
Secretary of State

05-16-2002 90012 007 \*\*\*\*61.25

00103394



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)