

FILED  
Jun 16, 2003 8:00 am  
Secretary of State

05-01-2003 90368 030 \*\*\*\*61.25

**2003 NOT-FOR-PROFIT CORPORATION  
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

55048604

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

P.O. Box 2248

City & State

City & State

Bonita Springs, FL

Zip

Country

Zip

Country

34133

4. FEI Number 65-0618422

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CROWTHER, STEVEN S  
27221 OLIVER DR  
BONITA SPRINGS FL 34135

Name

Lucius Bruyning

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

11020 Rosemary Dr.

Bonita Springs

City

FL

Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

LUCIUS BRUYNING

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4-25-03

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| TITLE | NAME               | STREET ADDRESS         | CITY-ST-ZIP        | <input type="checkbox"/> Delete            |
|-------|--------------------|------------------------|--------------------|--|
| PD    | BRUYNING, LUCIUS H | P.O. BOX 2248 N/A      | BONITA SPRINGS FL  | <input type="checkbox"/> Delete            |
| VD    | ADAMS, WILFRED     | P.O. BOX 10769 N/A     | GEORGETOWN, GUYANA | <input type="checkbox"/> Delete            |
| STD   | CROWTHER, STEVEN S | 27221 OLIVER DR        | BONITA SPRINGS FL  | <input checked="" type="checkbox"/> Delete |
| D     | MARGARET FRANKLIN  | 6300 Marbut Farm Trail | Lithonia, GA 30058 | <input type="checkbox"/> Delete            |
| D     | Magnell Bruyning   | P.O. Box 2248 N/A      | Bonita Springs, FL | <input type="checkbox"/> Delete            |

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
|-------|------|----------------|-------------|---------------------------------|-----------------------------------|
|       |      |                |             | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
|       |      |                |             | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
|       |      |                |             | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
|       |      |                |             | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
|       |      |                |             | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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

4-25-03

Date

Daytime Phone #

CR2E037 (10/02)