

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # N95000003503 (8)**

1. Corporation Name

**HARVEST TEAM MINISTRIES, INC.**

Principal Place of Business

**916 MAY AVENUE  
HOLLY HILL FL 32117**

Mailing Address

**916 MAY AVENUE  
HOLLY HILL FL 32117**



3. Date Incorporated or Qualified

**07/24/1995**

3a. Date of Last Report

2. Principal Place of Business

**21**

Suite, Apt. #, etc.

**22**

City & State

**23**

Zip

**24**

Country

**25**

2a. Mailing Address

**26**

Suite, Apt. #, etc.

**27**

City & State

**28**

Zip

**29**

Country

**30**

9. Name and Address of Current Registered Agent

**SPRATT, ROBERT D  
916 MAY AVENUE  
HOLLY HILL FL 32117**

10. Name and Address of New Registered Agent

**81** Name

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

**83**

**84** City

**FL** **85** Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE

**P/T/D**

☐ DELETE

NAME

**ROBERT D. SPRATT**

STREET ADDRESS

**916 MAY AVENUE**

CITY - ST - ZIP

**HOLLY HILL, FL 32117**

TITLE

**V/S/D**

☐ DELETE

NAME

**DEBRA E. SPRATT**

STREET ADDRESS

**916 MAY AVENUE**

CITY - ST - ZIP

**HOLLY HILL, FL 32117**

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

**D**

☐ Change

☒ Addition

1.2 NAME

**RAY SCHLOSS**

1.3 STREET ADDRESS

**941 ASPEN DRIVE**

1.4 CITY - ST - ZIP

**DAYTONA BEACH, FL 32119**

2.1 TITLE

**D**

☐ Change

☒ Addition

2.2 NAME

**BRUCE OLSON**

2.3 STREET ADDRESS

**2401 CARROLL PLACE**

2.4 CITY - ST - ZIP

**TAMPA, FL 33612**

3.1 TITLE

**D**

☐ Change

☒ Addition

3.2 NAME

**CHRIS SARNO**

3.3 STREET ADDRESS

**14 SEABRIDGE DRIVE**

3.4 CITY - ST - ZIP

**ORMOND BEACH, FL 32176**

4.1 TITLE

☐ Change

☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

**7000001810297**

5.2 NAME

**-05/07/96--01011--048**

5.3 STREET ADDRESS

**\*\*\*61.25**

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

☐ Change

☐ Addition

*S-7-96  
JP*

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Robert D. Spratt* **4-29-96** **904 239-0711**

Date

Daytime Phone #

CR2E037 (12/95)