

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000005840

1. Entity Name

HARVEST HOUSE OUTREACH CENTER, INC.

FILED
May 05, 2000 8:00 am
Secretary of State

05-05-2000 90057 015 ****61.25

Principal Place of Business

Mailing Address

7750 N.W. 4TH AVENUE
MIAMI FL 33150
US

7750 N.W. 4TH AVENUE
MIAMI FL 33150-2914

2. Principal Place of Business

SAME as above

3. Mailing Address

Same as above

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0675601

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

SIMPSON, WALTER L
7821 NW 4TH CT
MIAMI FL 33150

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

NONE

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 SIMPSON, WALTER L
STREET ADDRESS 7821 NW 4 CT
CITY-ST-ZIP MIAMI FL 33150 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP N/A ☐ Change ☐ Addition

TITLE MD
NAME SIMPSON, BARBARA V
STREET ADDRESS 7821 NW 4 CT
CITY-ST-ZIP MIAMI FL 33150 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP N/A ☐ Change ☐ Addition

TITLE T
NAME MCCARTHY, ONELL
STREET ADDRESS 6751 SW 10 CT
CITY-ST-ZIP PEMBROKE PINES FL 33023 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP N/A ☐ Change ☐ Addition

TITLE S
NAME MCCARTHY, TONYA
STREET ADDRESS 6751 SW 10 CT
CITY-ST-ZIP PEMBROKE PINES FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP N/A ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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:

Pastor Walter L Simpson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-10-2000

Date

Daytime Phone #

CR2E037 (9/99)