

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N95000005990

FILED
Jan 15, 2002 8:00 AM
Secretary of State

Entity Name: HARVEST OUTREACH, INC.

Current Principal Place of Business:

7280 PLANTATION ROAD
#B
PENSACOLA, FL 32505 US

Current Mailing Address:

P.O. BOX 11304
PENSACOLA, FL 32524 US

New Principal Place of Business:

7280 PLANTATION ROAD
STE. D
PENSACOLA, FL 32505 US

New Mailing Address:

P.O. BOX 11185
PENSACOLA, FL 32524 US

FEI Number: 59-3354817 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

LEPINAY, ROBERT M
305 FERN POINTE LN.
PENSACOLA, FL 32505

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: LEPINAY, ROBERT M
Address: 305 FERN POINTE LN.
City-St-Zip: PENSACOLA, FL 32505

Title: DV () Delete
Name: LEPINAY, DEBRAH B
Address: 305 FERN POINTE LN.
City-St-Zip: PENSACOLA, FL 32505

Title: DS () Delete
Name: HEAD, JENNIFER
Address: 210 PAYNE RD.
City-St-Zip: PENSACOLA, FL 32507

Title: DT () Delete
Name: LOFTIS, KAREN
Address: 5025 STEVENDALE RD.
City-St-Zip: PENSACOLA, FL 32526

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: LEPINAY, ROBERT M
Address: 305 FERN POINTE LN
City-St-Zip: PENSACOLA, FL 32505

Title: DV (X) Change () Addition
Name: LEPINAY, DEBRAH B
Address: 305 FERN POINTE LN
City-St-Zip: PENSACOLA, FL 32505

Title: DS (X) Change () Addition
Name: HEAD, JENNIFER
Address: 2368 TRAILWOOD DR
City-St-Zip: CANTONMENT, FL 32533

Title: DT (X) Change () Addition
Name: DAVIS, LISA
Address: 5100 ROWE TRAIL
City-St-Zip: PACE, FL 32571

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT M LEPINAY

DP

01/15/2002

Electronic Signature of Signing Officer or Director

_____ Date