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Apr 01 1998 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # N96000000068 (4)

1. Corporation Name

HARVEST CHAPEL OF CORAL SPRINGS, INC.

Principal Place of Business

Mailing Address

~~902 NW 38TH DRIVE~~
~~CORAL SPRINGS FL 33065~~

~~P.O. BOX 772301~~
~~CORAL SPRINGS FL 33067~~
US

US 1901 Coral Ridge Dr
Coral Springs, FL 33071

2. Principal Place of Business

2a. Mailing Address

21 1901 Coral Ridge Dr

26 Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

23 Coral Springs, FL

28

Zip FL 33071

Country

Zip

Country

24 FL 25 USA

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

12/27/1995

4. FEI Number

65-0646811

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes

☒ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐ Yes

☐ No

10. Name and Address of New Registered Agent

MACHADO, JOHN
2725 SW 108TH AVE
MIAMI FL 33029

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 ☐ DELETE

NAME DP
MACHADO, JOHN
STREET ADDRESS 9408 NW 38TH ST
CITY-ST-ZIP CORAL SPRINGS FL 33065

TITLE ☐ DELETE

NAME DV
MCCLURG, TIM
STREET ADDRESS 9408 NW 38TH ST
CITY-ST-ZIP CORAL SPRINGS FL 33065

TITLE ☐ DELETE

NAME DS
HYLTON, RODNEY
STREET ADDRESS 9408 NW 38TH ST
CITY-ST-ZIP CORAL SPRINGS FL 33065

TITLE ☒ DELETE

NAME DT
HOHN, BILL
STREET ADDRESS 9408 NW 38TH ST
CITY-ST-ZIP CORAL SPRINGS FL 33065

TITLE ☒ DELETE

NAME DT
GARDNER, DAVID
STREET ADDRESS 9408 NW 38TH ST
CITY-ST-ZIP CORAL SPRINGS FL 33065

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☒ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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 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] Sandra B. Mortham

954-3451
6553

CR2E037 (10/97)