

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000000068

1. Entity Name

HARVEST CHAPEL OF CORAL SPRINGS, INC.

FILED
May 26, 2000 8:00 am
Secretary of State

05-26-2000 90096 033 ****61.25

Principal Place of Business	Mailing Address
1901 CORAL RIDGE DR CORAL SPRINGS FL 33071 US	1901 CORAL RIDGE DR CORAL SPRINGS FL 33071-7801 US

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State

Zip	Country	Zip	Country
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4. FEI Number	Applied For
65-0646811	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

MACHADO, JOHN
2725 SW 108TH AVE
MIRAMR FL 33029

7. Name and Address of New Registered Agent

Name

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

607 LAKEVIEW DR.

City

CORAL SPRINGS

State

FL

Zip Code

33071

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

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. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	STRADER, DOUGLAS J	
STREET ADDRESS	992 NW 83 DRIVE	
CITY-ST-ZIP	CORAL SPRINGS FL 33071	
TITLE	VD	<input type="checkbox"/> Delete
NAME	WHITLATCH, JAMES DR	
STREET ADDRESS	3790 NW 19 STREET	
CITY-ST-ZIP	COCONUT CREEK FL 33066	
TITLE	ST	<input type="checkbox"/> Delete
NAME	HOHN, WILLIAM	
STREET ADDRESS	9408 NW 38TH ST	
CITY-ST-ZIP	CORAL SPRINGS FL 33065	
TITLE	T	<input type="checkbox"/> Delete
NAME	LAMB, ROBERT	
STREET ADDRESS	12151 NW 35 STREET	
CITY-ST-ZIP	SUNRISE FL 33323	
TITLE	T	<input type="checkbox"/> Delete
NAME	MACHADO, JOHN	
STREET ADDRESS	2725 SW 38TH STREET	
CITY-ST-ZIP	MIRAMAR FL 33029	
TITLE	T	<input type="checkbox"/> Delete
NAME	FUNK, BARRY	
STREET ADDRESS	7602 SUNFLOWER DRIVE	
CITY-ST-ZIP	MARGATE FL 33063	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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: SIGNATURE REQUIRED James D. Whitlatch 5/26/2000 954-345-6553

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)