2000 UNIFORM BUSINESS REPORT (UBR)

6/

FILED
Jul 06, 2000 8:00 am
Secretary of State
06-05-2000 90050 015 ****61.25

DOCUMENT # N96000000711

1. Entity Name
Harvest Tabernacle Inc

Principal Place of Business | Mailing Address

2. Principal Place of Business
7961 Overlook RD
Suite, Apt. #, etc.
City & State: Lantana Fl.
Zip: 33463 Country: USA

3. Mailing Address
8115 old military TR.
Suite, Apt. #, etc.
City & State: Boynton Bch. Fl.
Zip: 33436 Country: USA

[redacted]

DO NOT WRITE IN THIS SPACE

4. FEI Number: 65-0643527 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
Jesse Young
8115 old military TR.
Boynton Bch. Fl. 33436

7. Name and Address of New Registered Agent
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 [signature] of named name of registered agent and ... applicable. (NOTE: Registered Agent signature required when reinstating) DATE 5/25/00

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	Pastor/President D Jesse Young 8115 old military TR Boynton Bch. Fl. 33436	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director D Parlet Chen 610 North D. St. Lake Worth, FL 33460	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Butch Bevadesco 7A Crossing Cir Boynton FL 33435	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director D Jennifer Medley 3792 Bonanza Cir Boynton, FL 33436	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Michael Stegall 112 Abaco Palm Springs, FL	☒ 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
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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CR2E037 (9/99)

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] Jesse Young 5/25/00 561-742-9376
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #