

To:

From: Spiegel &amp; Utrera

**NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

4/4

**FILED**  
**May 05, 2005 8:00 am**  
**Secretary of State**

04-04-2005 90063 011 \*\*\*\*\*60.00

05-05-2005 90116 019 \*\*\*\*\*1.25

DOCUMENT # N96000005311

1. Entity Name

The Great Harvest Jail, Prison and Street Ministries, Inc.

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

13025 27th Drive

Suite, Apt. #, etc.

3. Mailing Address

same

Suite, Apt. #, etc.

City &amp; State

Wellborn, Florida

City &amp; State

Wellborn, Florida

Zip

32094

Country

United States

Zip

32094

Country

United States

4. FEI Number

59-3404570

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name  
Spiegel & Utrera, P.A.Street Address (P.O. Box Number is Not Acceptable)  
1840 Coral Way, 4th FloorCity  
Miami

FL

Zip Code  
33145**DO NOT WRITE  
IN THIS SPACE**

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 also if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

FEE IS \$81.25

Initial or Amended UBR

9. Election Campaign Financing  
Trust Fund Contribution. ☐\$5.00 May Be  
Added to FeesMake Check Payable to  
Department of State

## 10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD John A. Sobczak 13025 27 Drive Wellborn, Florida 32094	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD Bernice E. Sobczak 13025 27 Drive Wellborn, Florida 32094	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Marilyn Kranz 13025 27 Drive Wellborn, Florida 32094	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Signature and typed or printed name of signing officer or director

3-28-05 386-963-3487

Date

Telephone Number

C2020378 (12/01)



ANNOUNCEMENT

FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood

Secretary of State

April 6, 2005

Attachment  
50049732  
#N96000005311

THE GREAT HARVEST JAIL, PRISON AND STREET MINISTRIES, I  
13025 27 DRIVE  
WELLBORN, FL 32094

Subject: THE GREAT HARVEST JAIL, PRISON AND STREET MINISTRIES, INC.

Reference Number: N96000005311

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$60.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

The fee to file the enclosed nonprofit annual report/uniform business report is \$61.25. If a certificate of status is desired, please add an additional \$8.75.

There is a balance due of \$1.25.

The new registered agent must sign accepting the designation.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/PW

ANNUAL REPORTS SECTION