

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 08, 2003 8:00 am
Secretary of State

01-08-2003 90038 025 ****61.25

DOCUMENT # N96000005311



1. Entity Name
THE GREAT HARVEST JAIL, PRISON AND STREET MINISTRIES, INC.

Principal Place of Business
13025 27 DRIVE
WELLBORN FL 32094

Mailing Address
13025 27 DRIVE
WELLBORN FL 32094

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-3404570

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

AMERILAWYER CHARTERED
343 ALMERIA AVENUE
CORAL GABLES FL 33134

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. I am familiar with, and accept the obligations of registered agent.

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. ☐

\$5.00 May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

TITLE	PD	<input type="checkbox"/> Delete
NAME	SOBCZAK, JOHN A	
STREET ADDRESS	13025 27 DRIVE	
CITY-ST-ZIP	WELLBORN FL 32094	
TITLE	VSD	<input type="checkbox"/> Delete
NAME	SOBCZAK, BERNICE A	
STREET ADDRESS	13025 27 DRIVE	
CITY-ST-ZIP	WELLBORN FL 32094	
TITLE	TD	<input type="checkbox"/> Delete
NAME	KRANZ, MARILYN	
STREET ADDRESS	13025 27 DRIVE	
CITY-ST-ZIP	WELLBORN FL 32094	
TITLE		<input type="checkbox"/> Delete
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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: JOHN A SOBCZAK **Pro. 1-4-03 386-963-3487**

Date

Daytime Phone #

CR2E037 (10/02)