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Feb 17 1997 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # N96000005596 (9)

1. Corporation Name

HARVEST CHRISTIAN FELLOWSHIP, INC.

Principal Place of Business

1945 S.E. 31ST TERRACE  
CAPE CORAL FL 33904

Mailing Address

1945 S.E. 31ST TERRACE  
CAPE CORAL FL 33904-4050

3. Date Incorporated or Qualified  
10/31/1996

3a. Date of Last Report  
N/A

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

2a. Mailing Address

26 P.O. Box 687

Suite, Apt. #, etc.

27 City & State

28 Ft. Myers, FL

Zip

29 33902-0687

Country

30 Lee

4. FEI Number

65-0711421

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

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CAMPBELL, RONALD L  
1945 S.E. 31ST TERRACE  
CAPE CORAL FL 33904

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE

NAME CAMPBELL, RONALD L  
STREET ADDRESS 1945 S.E. 31ST TERRACE  
CITY-ST-ZIP CAPE CORAL FL 33904

1.1 TITLE ☐ Change ☐ Addition

TITLE D ☐ DELETE

NAME FERRIS, CLEMENT J  
STREET ADDRESS 3550 AVOCADO DRIVE  
CITY-ST-ZIP FT. MYERS FL 33901

2.1 TITLE ☐ Change ☐ Addition

TITLE D ☐ DELETE

NAME BLOMGREN, DAVID K  
STREET ADDRESS 1316 PEACHFIELD DRIVE  
CITY-ST-ZIP VALRICO FL 33594

3.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

14. I do 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 or is changed or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0085036

CR2E037 (9/96)