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Mar 02, 1999 8:00 am
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03-02-1999 90200 043 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N96000005596					
1. Corporation Name HARVEST CHRISTIAN FELLOWSHIP, INC.					
Principal Place of Business 1945 S.E. 31ST TERRACE CAPE CORAL FL 33904			Mailing Address PO BOX 687 FT MYERS FL 33902-0687 US		
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 10/31/1996 4. FEI Number 65-0711421 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent CAMPBELL, RONALD L 1945 S.E. 31ST TERRACE CAPE CORAL FL 33904			10. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ Signature, typed or printed name of registered agent and title if applicable.					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE <input type="checkbox"/> DELETE NAME D CAMPBELL, RONALD L STREET ADDRESS 1945 S.E. 31ST TERRACE CITY-ST-ZIP CAPE CORAL FL 33904			1.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME Campbell, Florence M. 1.3 STREET ADDRESS 1945 S.E. 31ST TERRACE 1.4 CITY-ST-ZIP CAPE CORAL, FL. 33904		
TITLE <input checked="" type="checkbox"/> DELETE NAME FERRIS, CLEMENT J STREET ADDRESS 3550 AVOCADO DRIVE CITY-ST-ZIP FT. MYERS FL 33901			2.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME TROY JENNINGS 2.3 STREET ADDRESS 331 ROYAL PALM PARK RD 2.4 CITY-ST-ZIP FT. MYERS, FL. 33905		
TITLE <input checked="" type="checkbox"/> DELETE NAME HAZELL, KEITH A STREET ADDRESS 4206 21 AVE. S. CITY-ST-ZIP LETHBRIDGE ALBERTA CANADA T1K-4Y2			3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP			4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP			5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP			6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP		

14. 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 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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
RONALD L CAMPBELL
DATE **2-10-99** DAYTIME PHONE # **(941) 549-2497**

CR2E037 (11/98)