

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2001 8:00 am
Secretary of State
 04-30-2001 90098 023 ****61.25

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DOCUMENT # N96000005596

1. Entity 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

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

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

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, 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
Department of State

10. OFFICERS AND DIRECTORS

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

TITLE **D** ☐ Delete
 NAME **CAMPBELL, FLORENCE M**
 STREET ADDRESS **1945 SE 31ST TERR**
 CITY-ST-ZIP **CAPE CORAL FL 33904**

TITLE ~~**D**~~ ☒ Delete
 NAME ~~**JENKINS, TROY**~~
 STREET ADDRESS ~~**331 ROYAL PALM PARK RD**~~
 CITY-ST-ZIP ~~**FT MYERS FL 33905**~~

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☒ Change ☒ Addition
 NAME **Samuel JANT**
 STREET ADDRESS **11980 Pompano Ave.**
 CITY-ST-ZIP **CAPE CORAL, FL. 33991**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
 NAME
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 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 another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4.24.01

941-549-2497

CR2E037 (10/00)