

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000000955

1. Entity Name

WORLD HARVEST COMMUNITY DEVELOPMENT, INC.

**FILED**  
**Jul 24, 2000 8:00 am**  
**Secretary of State**

05-11-2000 90005 032 \*\*\*\*70.00

Principal Place of Business

Mailing Address

2276 N US 1  
 FT PIERCE FL 34946

2276 N US 1  
 FT PIERCE FL 34946

18820



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0717990  
 APPLIED FOR

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☒

\$8.75 Additional  
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

TOMMIE, WANDA  
 2276 N US 1  
 FT PIERCE FL 34946

Name Marjorie B. Gaskin

Street Address (P.O. Box Number is Not Acceptable)

2010 Avenue O

City Fort Pierce

FL

Zip Code 34950

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

Marjorie B. Gaskin Marjorie B. Gaskin, Secretary

07/14/2000

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

After September 13, 2000 min. will be \$236.25

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP TOMMIE, WANDA 3305 MEADOW LN FT PIERCE FL 34950	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS GASKIN, MARJONA B 2010 AVENUE O FT PIERCE FL 34950	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT MORRIS, JOHNNA S 2007 AVENUE O FT PIERCE FL 34950	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

Marjorie B. Gaskin Marjorie B. Gaskin

07/14/2000

(561) 464-0243

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (5/00)