

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000002869

1. Entity Name

WORLD HARVEST CHURCH OF ORLANDO, INC.

R

**FILED**  
**Aug 16, 2000 8:00 am**  
**Secretary of State**

08-16-2000 90002 016 \*\*\*\*61.25

Principal Place of Business

6451 TIFTON PL.  
ORLANDO FL 32807

Mailing Address

6451 TIFTON PL.  
ORLANDO FL 32807

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3432273

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

JARRAD, JOYCE MRS  
6451 TIFTON PL.  
ORLANDO FL 32807

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

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

TITLE	PT	<input type="checkbox"/> Delete
NAME	JACOBS, CARVIE L	
STREET ADDRESS	1406 ENSENADA DRIVE	
CITY-ST-ZIP	ORANGE FL 32825	
TITLE	VPT	<input type="checkbox"/> Delete
NAME	JARRAD, JOYCE	
STREET ADDRESS	6451 TIFTON PLACE	
CITY-ST-ZIP	ORLANDO FL 32807	
TITLE	ST	<input type="checkbox"/> Delete
NAME	JACOBS, LINDA M	
STREET ADDRESS	1406 ENSENADA DRIVE	
CITY-ST-ZIP	ORANGE FL 32825	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Jacobs, Carvie L.	
STREET ADDRESS	337 Pawnee Tr.	
CITY-ST-ZIP	Winter Springs, Fl. <del>32708</del> 32708	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Jacobs, Linda M.	
STREET ADDRESS	337 Pawnee Tr.	
CITY-ST-ZIP	Winter Springs, Fl. 32708	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:

*Linda M. Jacobs*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/2/00  
Date

407-971-2103  
Daytime Phone #

CR2E037 (5/00)