

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 19, 2001 8:00 am
Secretary of State

02-19-2001 90261 004 ****61.25

DOCUMENT # N97000002869

1. Entity Name

WORLD HARVEST CHURCH OF ORLANDO, INC.

Principal Place of Business

Mailing Address

6451 TIFTON PL
 ORLANDO FL 32807

6451 TIFTON PL
 ORLANDO FL 32807

2. Principal Place of Business

3. Mailing Address

99 N. Central Central

P.O. Box 622766

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City, & State
 Oviedo, Florida

City, & State
 Oviedo, Florida

Zip
 32765(5)

Country
 USA

Zip
 32762

Country
 USA

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

7. Name and Address of New Registered Agent

JARRAD, JOYCE MRS
 6451 TIFTON PL
 ORLANDO FL 32807

Name **CARVIE L. Jacobs**

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

337 Pawnee Trail

City
 Winter Springs

FL

Zip Code
 32708

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]

CARVIE L. Jacobs

2/08/01

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 PT
 JACOBS, CARVIE L
 337 PAWNEE TR
 WINTER SPRINGS FL 32708 ☐ Delete

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 VPT
 JARRAD, JOYCE
 6451 TIFTON PLACE
 ORLANDO FL 32807 ☐ Delete

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 ST
 JACOBS, LINDA M
 337 PAWNEE TR
 WINTER SPRINGS FL 32708 ☐ Delete

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

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 CITY-ST-ZIP
☐ Change ☐ 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: *Linda M. Jacobs* **LINDA M. Jacobs**

2/08/01

407-971-2123

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)