

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000004246

1. Entity Name

HARVEST TIME INTERNATIONAL CHURCH, INC.

**FILED**  
**May 03, 2000 8:00 am**  
**Secretary of State**

05-03-2000 90068 010 \*\*\*\*61.25

Principal Place of Business

5660 D LYNN LAKE DR S  
SAINT PETERSBURG FL 33705  
US

Mailing Address

C/O REV ESI WHITEHURST  
P O BOX 14534  
ST PETERSBURG FL 33733-4534  
US

2. Principal Place of Business

4332 Juanita Way South

Suite, Apt. #, etc.

3. Mailing Address

4332 Juanita Way South

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State St. Petersburg, Florida		City & State St. Petersburg, Florida		4. FEI Number 59-3460951	Applied For <input type="checkbox"/> Not Applicable
Zip 33705	Country U.S.	Zip 33705	Country U.S.	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

WHITEHURST, ESI M  
4332 JUANITA WAY SOUTH  
SAINT PETERSBURG FL 33705

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCD WHITCHURST, ESI 4332 JUANITA WAY S SAINT PETERSBURG FL 33705 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	WHITEHURST, ESI <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD FLORENCE, BONNIE 524 MADISON STREET S ST PETERSBURG FL 33711 <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	TD BROTHERS, WILLIE M 1320 13 AVE S SAINT PETERSBURG FL 33705 <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"/> 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"/> 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"/> Delete	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: *Rev. ESI Whitehurst*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

727-896-8431

CR2E037 (9/99)