

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2001 8:00 am
Secretary of State

04-17-2001 90010 005 ****61.25

DOCUMENT # N97000004246

1. Entity Name

HARVEST TIME INTERNATIONAL CHURCH, INC.

Principal Place of Business

Mailing Address

**4332 JUANITA WAY SOUTH
 SAINT PETERSBURG FL 33705
 US**

**4332 JUANITA WAY SOUTH
 SAINT PETERSBURG FL 33705
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3460951

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

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

Name

Esi M. McLeod

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

4332 Juanita Way South

City

St. Petersburg

FL

Zip Code

33705

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

Esi M. McLeod

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 **PCD** ☐ Delete
 NAME **WHITEHURST, ESI**
 STREET ADDRESS **4332 JUANITA WAY S**
 CITY-ST-ZIP **SAINT PETERSBURG FL 33705**

TITLE **PCD** ☒ Change ☐ Addition
 NAME **McLeod, Esi**
 STREET ADDRESS **4332 Juanita Way South**
 CITY-ST-ZIP **St. Petersburg, FL 33705**

TITLE **SD** ☐ Delete
 NAME **FLORENCE, BONNIE**
 STREET ADDRESS **524 MADISON STREET S**
 CITY-ST-ZIP **ST PETERSBURG FL 33711**

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

TITLE **TD** ☐ Delete
 NAME **BROTHERS, WILLIE M**
 STREET ADDRESS **1320 13 AVE S**
 CITY-ST-ZIP **SAINT PETERSBURG FL 33705**

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

TITLE **PCD** ☐ Delete
 NAME **McLeod, Daniel**
 STREET ADDRESS **4332 Juanita Way South**
 CITY-ST-ZIP **St. Petersburg, FL 33705**

TITLE **D** ☐ Change ☒ Addition
 NAME **McLeod, Daniel**
 STREET ADDRESS **4332 Juanita Way South**
 CITY-ST-ZIP **St. Petersburg, FL 33705**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

Esi M. McLeod

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

727-826-6569

CR2E037 (10/00)