

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000004246

1. Entity Name

HARVEST TIME INTERNATIONAL CHURCH, INC.

FILED
Jun 20, 2002 8:00 am
Secretary of State

06-20-2002 90060 007 ****61.25

0041691

Principal Place of Business

Mailing Address

4332 JUANITA WAY SOUTH
 SAINT PETERSBURG FL 33705
 US

4332 JUANITA WAY SOUTH
 SAINT PETERSBURG FL 33705
 US



DO NOT WRITE IN THIS SPACE

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

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

MCLEOD, ESI M.
 4332 JUANITA WAY SOUTH
 SAINT PETERSBURG FL 33705

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

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

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

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

TITLE D
 NAME MCLEOD, DANIEL
 STREET ADDRESS 4332 JUANITA WAY SOUTH
 CITY-ST-ZIP SAINT PETERSBURG FL 33705 ☒ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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

TITLE
 NAME
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 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 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:

Reigna Furem

6/17/02

727-826-6569

CR2E037 (9/01)