

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000004252

1. Entity Name

HARVEST HOUSE MINISTRIES INC.

Principal Place of Business

5305 NW 70TH AVE
LAUDERHILL FL 33319

Mailing Address

5305 NW 70TH AVE
LAUDERHILL FL 33319-6324

2. Principal Place of Business

5820 N. University Dr
Suite, Apt. #, etc.

3. Mailing Address

Same
Suite, Apt. #, etc.

City & State

Tamara, FL

City & State

Zip

Country

33321

Broward

Zip

Country

33321

4. FEI Number

65-0783425

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

Name

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

City

FL

Zip Code

BEPKO, JON P
5305 NW 70TH AVE
LAUDERHILL FL 33319

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 ☐ Delete
NAME TRUS
STREET ADDRESS BROWN, CANDACE
CITY-ST-ZIP 5305 NW 70TH AVE
LAUDERHILL FL 33319

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

TITLE ☐ Delete
NAME TRUS
STREET ADDRESS WEBB, DAVE
CITY-ST-ZIP 5305 NW 70TH AVE
LAUDERHILL FL 33319

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

TITLE ☐ Delete
NAME TRUS
STREET ADDRESS BEPKO, JON
CITY-ST-ZIP 5305 NW 70TH AVE
LAUDERHILL FL 33319

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

TITLE ☐ Delete
NAME Trus
STREET ADDRESS Austin, Fred
CITY-ST-ZIP 680 NW 43rd Ave
Plantation, FL 33317

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)



DO NOT WRITE IN THIS SPACE