## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # N97000005560 (4)

HARVEST ASSEMBLY OF GOD, INC.

Principal Plac	e of Business	Mailing Address				
2120 AIRPORT ROAD LAKELAND FL 33811		2120 AIRPORT ROAD LAKELAND FL 33811				3. Date incorporated or Qualified 09/29/1997
						4. FEI Number Applied For Not Applicable
2. Principal Place of Business   2a. Mailing Address						AA
21		26				5. Certificate of Status Desired
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				6. Efection Campaign Financing \$5.00 May Be
City & State		27	27   City & State			Trust Fund Contribution
City & State		28			7. Is this nonprofit corporation a homeowners association?	
Zip Country		Zip				8 This corporation owes or has paid the current year intangible.
24	25 29		30			Personal Property Tax due June 30. Yes VNo N/Q
	9. Name and Address of Curre	nt Registered Agent				10. Name and Address of New Registered Agent
KANOLIT	or not ent			81	Name	3
	, SHIRLEY			82	Street	t Address (P.O. Box Number is Not Acceptable)
2120 AIRPORT ROAD LAKELAND FL 33811				83		
	110 12 00011			84	City	85 Zip Code
				1 1		FL   1   1   1   1   1   1   1   1   1
11. Pursuant i	to the provisions of Sections 617.05 egistered agent, or both, in the Stat	02 and 617.1508, Florida Statut e of Florida. Such change was	tes, the authori	above zed by	-named the cor	d corporation submits this statement for the purpose of changing its registered rporation's board of directors. I hereby accept the appointment as registered
i	m familiar with, and accept the obliq	gations of, Section 617,0503, Fl	orida S	Statutes		
SIGNATURE _	Signature, typed or printed name of registered ag	gent and title if applicable. (NOT	E; Regist	ered Age	nt signature	re required when reinstating) DATE
12.	OFFICERS AT	ND DIRECTORS	1:	3.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D	☐ DELETE	1.1	1 TITLE		☐ Change ☐ Addition
NAME	HERRING, RANDY			1.2 NAME		
STREET ADDRESS	8024 RIDGE GREEN DRIVE LAKELAND FL 33809			3 STREET		
CITY-ST-ZIP TITLE	D	☐ DELETE	_	<u>4 City - St</u> 1 Title	I - ZIP	Change Addition
NAME	COOPER, DARRYL			2 NAME		
STREET ADDRESS	612 S. WESTGATE AVENUE			3 STREET .	ADORESS	
CITY-ST-ZIP	LAKELAND FL 33801		2.	4 CITY-S	T-ZIP	
TITLE	D	DELETE	3.1	3.1 TITLE		☐ Change ☐ Addition
NAME	GARROD, JOHN		3.2	3.2 NAME		
STREET ADDRESS	604 W. CHERRY STREET			3 STREET		
CITY-ST-ZIP TITLE	PLANT CITY FL 33566 D	DELETE		4. CITY-S	T-ZIP	Change Addition
NAME	ARMSTRONG, ROBERT			: 4.1 TITLE 4. 2 NAME		Change Addition
STREET ADDRESS	2502 E. CIVITAN AVENUE			3 STREET	ADDRESS	
CITY-ST-ZIP	LAKELAND FL 33801			4 CITY-ST		
TITLE	D	☐ DELETE		5.1 TITLE		Change Addition
NAME	ALLEN, DALE		5.2	2.NAME		
STREET ADDRESS	1335 SUTTON ROAD		5.3	3 STREET	ADDRESS	
CITY-ST-ZIP	LAKELAND FL 33809			4 CITY - ST	- ZIP	<u> </u>
TITLE		☐ DELETE		1 TITLE		Change Addition
NAME			1	2 NAME		
STREET ADDRESS			6.3	3 STREET	AUDRESS	

**SIGNATURE:** 

14. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, after a state 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 12 or Block 13 if changed, after a state of the corporation of th

1/7/98

**FILED** 

Jan 20 1998 8:00am

Secretary of State

941-686-6987