

FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Feb 27, 1999 8:00 am**  
**Secretary of State**

02-27-1999 90037 047 \*\*\*\*61.25

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NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N97000005560**

1. Corporation Name

**HARVEST ASSEMBLY OF GOD, INC.**

Principal Place of Business

2120 AIRPORT ROAD  
 LAKELAND FL 33811

Mailing Address

2120 AIRPORT ROAD  
 LAKELAND FL 33811



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		09/29/1997	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		59-2992592	
24 Country		29 Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
25		30		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
26		31		Trust Fund Contribution <input type="checkbox"/>	

9. Name and Address of Current Registered Agent

**KNIGHT, SHIRLEY**  
 2120 AIRPORT ROAD  
 LAKELAND FL 33811

10. Name and Address of New Registered Agent

81 Name	<b>CHRISTA CARPENTER</b>		
82 Street Address (P.O. Box Number is Not Acceptable)	2120 AIRPORT ROAD		
83			
84 City	LAKELAND	85 Zip Code	33811

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE **CHRISTA CARPENTER** *Christa Carpenter* **1-25-99**  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input checked="" type="checkbox"/> DELETE	1.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HERRING, RANDY	1.2 NAME	JONES, RAY
STREET ADDRESS	8024 RIDGE GREEN DRIVE	1.3 STREET ADDRESS	410 KERNEYWOOD STREET
CITY-ST-ZIP	LAKELAND FL 33809	1.4 CITY-ST-ZIP	LAKELAND, FL. 33803
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COOPER, DARRYL	2.2 NAME	
STREET ADDRESS	612 S. WESTGATE AVENUE	2.3 STREET ADDRESS	
CITY-ST-ZIP	LAKELAND FL 33801	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GARROD, JOHN	3.2 NAME	
STREET ADDRESS	604 W. CHERRY STREET	3.3 STREET ADDRESS	
CITY-ST-ZIP	PLANT CITY FL 33566	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ARMSTRONG, ROBERT	4.2 NAME	ARMSTRONG, ROBERT
STREET ADDRESS	2502 E. CIVITAN AVENUE	4.3 STREET ADDRESS	5138 IOLEWOOD LANE
CITY-ST-ZIP	LAKELAND FL 33801	4.4 CITY-ST-ZIP	LAKELAND, FL. 33811
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALLEN, DALE	5.2 NAME	
STREET ADDRESS	1335 SUTTON ROAD	5.3 STREET ADDRESS	
CITY-ST-ZIP	LAKELAND FL 33809	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	PRESIDENT
NAME		6.2 NAME	KEITH R. CONLEY
STREET ADDRESS		6.3 STREET ADDRESS	4425 GARDWAY LANE
CITY-ST-ZIP		6.4 CITY-ST-ZIP	LAKELAND, FL. 33810

14. 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 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, or on an attachment with an address, with all other like empowered.

SIGNATURE: **PASTOR KEITH R. CONLEY** *Keith R. Conley* **1-26-99** **(941) 666-9116**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/98)