

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 22, 2001 8:00 am
Secretary of State

02-22-2001 90004 027 ****61.25

DOCUMENT # N97000005560

1. Entity 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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2992592

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**CARPENTER, CHRISTA
 2120 AIRPORT ROAD
 LAKELAND FL 33811**

7. Name and Address of New Registered Agent

Name

Pamela J. Bolyard

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

2120 Airport Road

City

Lakeland

FL

33811

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 **D** ☐ Delete
 NAME **JONES, RAY**
 STREET ADDRESS **416 KERNEYWOOD ST**
 CITY-ST-ZIP **LAKELAND FL 33803**

TITLE **D** ☒ Delete
 NAME **COOPER, DARRYL**
 STREET ADDRESS **612 S. WESTGATE AVENUE**
 CITY-ST-ZIP **LAKELAND FL 33801**

TITLE **D** ☐ Delete
 NAME **ARMSTRONG ROBERT,**
 STREET ADDRESS **5138 IDLEWOOD LANE**
 CITY-ST-ZIP **LAKELAND FL 33811**

TITLE **D** ☐ Delete
 NAME **JOHN, GARROD**
 STREET ADDRESS **604 W. CHERRY ST**
 CITY-ST-ZIP **PLANT CITY FL 33566**

TITLE **D** ☐ Delete
 NAME **ALLEN, DALE**
 STREET ADDRESS **1335 SUTTON ROAD**
 CITY-ST-ZIP **LAKELAND FL 33809**

TITLE **P** ☐ Delete
 NAME **CONLEY, KEITH R**
 STREET ADDRESS **4425 GALLOWAY LANE**
 CITY-ST-ZIP **LAKELAND FL 33810**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE **D** ☐ Change ☐ Addition
 NAME **Hargrove, Nat**
 STREET ADDRESS **3729 Hileman Dr. N.**
 CITY-ST-ZIP **Lakeland, FL. 33810**

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

TITLE ☐ Change ☐ Addition
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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 REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Pastor Keith R. Conley

2-15-01

863-616-9116

Date

Daytime Phone #

CR2E037 (10/00)