

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N97000006139 (6)

1. Corporation Name

HARLEY MINISTRY INC.

Principal Place of Business

Mailing Address

10529 BAY STREET, N.E.
ST. PETERSBURG FL 33716

10529 BAY STREET, N.E.
ST. PETERSBURG FL 33716

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

10/30/1997

4. FEI Number

59 3530455

☒ Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

7. Is this nonprofit corporation a homeowners' association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

PFAFFENBERGER, HARLEY
300 10TH STREET SOUTH
#1035
ST. PETERSBURG FL 33705

10. Name and Address of New Registered Agent

81 Name Pfaeffenberger Harley

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

10529 Bay St. N.E.

84 City St. Petersburg

FL

85 Zip Code 33716

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 obligation of, section 617.0503, Florida Statutes.

SIGNATURE *Harley Pfaeffenberger*

(NOTE: Registered Agent signature required when reappointing)

DATE

8/18/98

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D Director ☐ DELETE
NAME HARLYN Pfaeffenberger
STREET ADDRESS 10529 Bay St N.E.
CITY-ST-ZIP St Petersburg FL 33716

TITLE T OFFICER ☐ DELETE
NAME Maureen Hughes TS
STREET ADDRESS 305 10th St. S.
CITY-ST-ZIP St Petersburg FL 33705

TITLE T OFFICER ☐ DELETE
NAME Douglas Goodrich T
STREET ADDRESS 402 4th Ave S.
CITY-ST-ZIP St Petersburg FL 33705

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS 200002666352
1.4 CITY-ST-ZIP -10/19/98--01016--003
***61.25

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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.

SIGNATURE: *Harley Pfaeffenberger*

8/19/98 727 570 5297

Date Daytime Phone #

CR2E037 (5/98)