

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000006139

1. Entity Name

HARLEY MINISTRY INC.

**FILED**  
**May 16, 2000 8:00 am**  
**Secretary of State**

05-16-2000 90178 038 \*\*\*\*61.25

Principal Place of Business

Mailing Address

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

10529 BAY STREET, N.E.  
 ST. PETERSBURG FL 33716-4734

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3530955

Applied For

Not Applicable

Zip

Country

Zip

Country

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

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

Name

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

City

FL

Zip Code

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

*Harlyn Pfaffenberger*

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 D  
 STREET ADDRESS PFAFFENBERGER, HARLYN  
 CITY-ST-ZIP 10529 BAY STREET, N.E.  
 ST. PETERSBURG FL 33716

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

TITLE ☐ Delete  
 NAME T  
 STREET ADDRESS HUGHES, MAUREEN  
 CITY-ST-ZIP 305 10TH STREET SOUTH  
 ST. PETERSBURG FL 33705

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

TITLE ☐ Delete  
 NAME T  
 STREET ADDRESS GOODRICH, DOUGLAS  
 CITY-ST-ZIP 402 4TH AVENUE SOUTH  
 ST. PETERSBURG FL 33705

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

TITLE ☐ Delete  
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 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:

*Harlyn Pfaffenberger*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-00

Date

727 570 5297

Daytime Phone #

CR2E037 (9/99)