

ANNUAL REPORT
1999Secretary of State
DIVISION OF CORPORATIONS**FILED**
May 14, 1999 8:00 am
Secretary of State

05-14-1999 90010 049 ***122.50

**DOCUMENT # N98000000643**

1. Corporation Name

HARVEST CHRISTIAN ACADEMY, INC.

Principal Place of Business

3800 NORTH NEBRASKA AVENUE
TAMPA FL 33606

Mailing Address

3800 NORTH NEBRASKA AVENUE
TAMPA FL 33606

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

02/04/1998

4. FEI Number

☒ Applied For☐ Not Applicable5. Certificate of Status Desired ☐

\$8.75 Additional

Fee Required

6. Election Campaign Financing ☐

\$5.00 May Be

Trust Fund Contribution

Added to Fees

9. Name and Address of Current Registered Agent

WILLIAMS, JOSEPH M
1302 SOUTH COLLINS STREET
SUITE C
PLANT CITY FL 33566

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETENAME LEWIS, MICHAEL
STREET ADDRESS 3800 N. NEBRASKA AVE.
CITY-ST-ZIP TAMPA FL 33606TITLE D ☐ DELETENAME GENTLE, LOUISE
STREET ADDRESS 10909 NORTH 1ST STREET
CITY-ST-ZIP TAMPA FL 33612TITLE D ☒ DELETENAME QUINN, CRAIG
STREET ADDRESS 3304 ACAPULCO DRIVE
CITY-ST-ZIP RIVERVIEW FL 33568TITLE D ☐ DELETENAME JONES, GLENDA
STREET ADDRESS 1702 W. PALMETTO ST.
CITY-ST-ZIP TAMPA FL 33607TITLE D ☐ DELETENAME HOLLEY, RALEIGH
STREET ADDRESS 8733 NORTH 50TH ST. #24
CITY-ST-ZIP TAMPA FL 33607TITLE D ☒ DELETENAME CLARK, KATRINA
STREET ADDRESS 638 SANDRIDGE DR.
CITY-ST-ZIP VALRICO FL 33595

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS GENTLE, LOUISE
10909 North 1st ST
2.4 CITY-ST-ZIP Tampa, FL 336123.1 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 in an attachment with an address, with all other like empowered.

SIGNATURE:

KATRINA CLARK, DEQUINED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-2-98

Date

813-2292609

Daytime Phone #

CR2E037 (11/98)

