


FILE NOW: FILING FEE IS \$61.25

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Feb 25, 1999 8:00 am
Secretary of State

02-25-1999 90039 001 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N98000000820

1. Corporation Name

HARVEST FAMILY OUTREACH, INC.

Principal Place of Business

11025 131 STREET NORTH
LARGO FL 33774

Mailing Address

11025 131 STREET NORTH
LARGO FL 33774

117268-90039-1



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 12235 86th Ave. N.		26 12235 86th Ave. N.		02/11/1998	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-3497317	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23 Seminole FL		28 Seminole FL		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip Country		Zip Country		Trust Fund Contribution <input type="checkbox"/>	
24 33772 25 Pinellas		29 33772 30 Pinellas			

9. Name and Address of Current Registered Agent

GOFORTH, C.W.
435 16TH AVE S.E.
LOT 598
LARGO FL 33771

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOFORTH, C.W.	1.2 NAME	
STREET ADDRESS	435 16TH AVE S.E., LOT 598	1.3 STREET ADDRESS	
CITY-ST-ZIP	LARGO FL 33771	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOFORTH, SULA	2.2 NAME	
STREET ADDRESS	435 16TH AVE S.E., LOT 598	2.3 STREET ADDRESS	
CITY-ST-ZIP	LARGO FL 33771	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AMBURGY, GARRY	3.2 NAME	Amburgy, GARRY L.
STREET ADDRESS	500 S BELCHER, #207	3.3 STREET ADDRESS	725 1st Court #90A
CITY-ST-ZIP	LARGO FL 33771	3.4 CITY-ST-ZIP	Palm Harbor, FL 34684
TITLE	D	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AMBURGY, DARLA	4.2 NAME	Amburgy, Darla
STREET ADDRESS	500 S BELCHER, #207	4.3 STREET ADDRESS	725 1st Court #90A
CITY-ST-ZIP	LARGO FL 33771	4.4 CITY-ST-ZIP	Palm Harbor, FL 34684
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOWARD, GENE	5.2 NAME	
STREET ADDRESS	11455 MURRAY AVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	LARGO FL 34648	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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, with all other like empowered.

SIGNATURE: Darla Amburgy 1-5-99 727-391-6773
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)