

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 20, 2001 8:00 am
Secretary of State

04-20-2001 90022 038 ****70.00

DOCUMENT # N98000000820

1. Entity Name

HARVEST FAMILY OUTREACH, INC.

Principal Place of Business

1350 N MISSOURI AVE
 LARGO FL 33770
 US

Mailing Address

1350 N MISSOURI AVE
 LARGO FL 33770
 US

2. Principal Place of Business

SAME

3. Mailing Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

SAME

City & State

SAME

Zip

SAME

Country

SAME

Zip

SAME

Country

4. FEI Number

59-3497317

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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.

C.W. GOFORTH

SIGNATURE

C.W. Goforth Pastor

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

(NOTE: Registered Agent signature required when reinstating)

4-16-01

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 **GOFORTH, C.W.**
 STREET ADDRESS **435 16TH AVE S.E., LOT 598**
 CITY-ST-ZIP **LARGO FL 33771**

TITLE **D** ☐ Delete
 NAME **GOFORTH, SULA**
 STREET ADDRESS **435 16TH AVE S.E., LOT 598**
 CITY-ST-ZIP **LARGO FL 33771**

TITLE **D** ☐ Delete
 NAME **AMBURGY, GARRY**
 STREET ADDRESS **725 1ST COURT #90A**
 CITY-ST-ZIP **PALM HARBOR FL 34684**

TITLE **D** ☐ Delete
 NAME **AMBURGY, DARLA**
 STREET ADDRESS **725 1ST COURT #90 A**
 CITY-ST-ZIP **PALM HARBOR FL 34684**

TITLE **D** ☐ Delete
 NAME **HOWARD, GENE**
 STREET ADDRESS **11455 MURRAY AVE**
 CITY-ST-ZIP **LARGO FL 34648**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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:

C.W. GOFORTH
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-16-01

Date

727-588-0503

Daytime Phone #

CR2E037 (10/00)