FILED 2002 UNIFORM BUSINESS REPORT (UBR) Sep 16, 2002 8:00 am Secretary of State DOCUMENT # N9800000820 1. Entity Name 09-16-2002 90111 001 ****61.25 HARVEST FAMILY OUTREACH, INC. Principal Place of Business Mailing Address 1350 N MISSOURI AVE 1350 N MISSOURI AVE **LARGO FL 33770** LARGO FL 33770 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State., City & State 4. FEI Number Applied For 59-3497317 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) GOFORTH, C.W. 435 16TH AVE S.E. LOT 598 Zip Code LARGO FL 33771 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. I am familiar with, and accept the obligations of registered age SIGNATURE (NOTE: Registered Agent signature required when reinstating) After September 13, 2002, 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Trust Fund Contribution. min. will be \$236,25. Added to Fees Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITI F ☐ Delete TITLE ☐ Addition ☐ Change NAME GOFORTH, C.W. NAME STREET ADDRESS STREET ADDRESS 435 16TH AVE S.E., LOT 598 CITY-ST-7IP CITY-ST-ZIP <u>LARGO FL 33771</u> TITLE ☐ Delete TITLE Change Addition GOFORTH, SULA NAME STREET ADDRESS 435 16TH AVE S.E., LOT 598 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Largo FL 33771 TITI F ☐ Delete TITLE Addition Amburgy, Garry AMBURGY, GARRY NAME 1732 NW 3rd Torrace # 109 STREET ADDRESS STREET ADDRESS 725 1ST COURT #90A CITY-ST-ZIP CITY-ST-ZIP PALM HARBOR FL 34684 FL. City, FL 33774 ☐ Delete TITLE Change 7 Addition Amburgy, Darla AMBURGY, DARLA NAME 1732 NW 3rd Terrace #109 STREET ADDRESS 725 1ST COURT #90 A STREET ADDRESS CITY-ST-ZIP PALM HARBOR FL 34684 CITY-ST-ZIP FL. City, FL 33774 TITLE ☐ Delete ☐ Change Addition NAME HOWARD, GENE NAME STREET ADDRESS 11455 MURRAY AVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LARGO FL 34648

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.

CITY-ST-ZIP

STREET ADDRESS

TITLE

SIGNATURE

TITLE

NAME STREET ADDRESS

CITY-ST-ZIP

SULTUSTIMEDUNGZO Darla Amb

Delete :

7-5-0

*727-588-05*4

☐ Addition

____Change