

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000003483

1. Entity Name

HARVEST TEMPLE CHURCH OF GOD, INC.

Principal Place of Business

Mailing Address

972 CHRISTY WAY  
INVERNESS FL 34453

972 CHRISTY WAY  
INVERNESS FL 34453-0412

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

52-2164363

Applied For

Not Applicable

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

SALLEE, PAUL  
9315 E. WINDWOOD LOOP  
INVERNESS FL 34450

Name  
Same

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

4021 E. Grant St.

City  
Same

FL

Zip Code  
34453

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

*Paul Sallee*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1-18-00

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
P  
SALLEE, PAUL  
9315 E. WINDWOOD LOOP  
INVERNESS FL 34453 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
4021 E. Grant ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
S  
MCQUEEN, TOMMY  
801 N WOODLAKE DR.  
INVERNESS FL 34453 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
GIDDENS, JOHN  
121305 S ISTACHATTA AVE  
FLORAL CITY FL 34436 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
MOYER, BOB  
2008 FOREST DR.  
INVERNESS FL 34453 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
WORRELL, NORMAN  
4620 S. GID HALL PT.  
INVERNESS FL 34452 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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

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:

*Paul Sallee*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

352-726-9768

FILED  
Feb 11, 2000 8:00 am  
Secretary of State

02-11-2000 90001 004 \*\*\*\*70.00



DO NOT WRITE IN THIS SPACE