

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 24, 2001 08:00 AM**
Secretary of State**DOCUMENT # N98000005666****1. Entity Name**
FAMILY HARVEST CHURCH, INC.

Principal Place of Business	Mailing Address
P.O. BOX 211701	P.O. BOX 211701
WEST PALM BEACH FL 334211701	WEST PALM BEACH FL 334211701

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
65-0868234Applied For
Not Applicable**5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered AgentURSO THOMAS
1352 RED PINE TRAIL

WEST PALM BEACH FL 33414 US**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.**SIGNATURE _____ **04/24/2001**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstalling) DATE**FILE NOW:**
FEE IS \$61.25**9. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.**Make Check Payable to**
Department of State**10. OFFICERS AND DIRECTORS**

TITLE	SD	<input type="checkbox"/> Delete
NAME	URSO CHARLENE	
STREET ADDRESS	1352 RED PINE TRAIL	
CITY-ST-ZIP	WEST PALM BEACH FL 33414	
TITLE	D	<input type="checkbox"/> Delete
NAME	DYSON KEVIN	
STREET ADDRESS	6 PAXFORD LN.	
CITY-ST-ZIP	BOYNTON BCH FL 33462	
TITLE	D	<input type="checkbox"/> Delete
NAME	URSO CHARLENE	
STREET ADDRESS	1352 RED PINE TR.	
CITY-ST-ZIP	WEST PALM BEACH FL 33414	
TITLE	PD	<input type="checkbox"/> Delete
NAME	URSO THOMAS	
STREET ADDRESS	1352 RED PINE TRAIL	
CITY-ST-ZIP	WEST PALM BEACH FL 33414	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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)(f), 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:** Thomas Urso PD 04/24/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E037 (11/00)