

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90279 046 ****70.00

DOCUMENT # N98000006186

1. Entity Name
HARVEST CHRISTIAN FELLOWSHIP OF BRADFORD
COUNTY, INC.



Principal Place of Business
238 WALNUT ST
STARKE, FL 32091

Mailing Address
P O BOX 277
STARKE, FL 32091

14011400



2. Principal Place of Business

18933 US Hwy 301 N.

3. Mailing Address

Suite, Apt. #, etc.

04262004

Chg-NP

CR2E037 (10/03)

City & State

Starke, FL

City & State

Zip

32091

Country
USA

Country

4. FEI Number

59-3545214

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

HARRISON, PRESTON K
RT 5 BOX 7720
STARKE, FL 32091

7. Name and Address of New Registered Agent

Name

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

3639 N.W. CR 233

City Starke

FL

Zip Code
32091

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 agent.

SIGNATURE:

Preston K. Harrison, Director 4-27-04

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2004**

**9. Election Campaign Financing
Trust Fund Contribution.**

☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

D
HARRISON, PRESTON K
RT 5 BOX 7720
STARKE, FL 32091

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TD
MASON, GEORGE DAREN
101 VALLEY RD
STARKE, FL 32091

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TD
HARRISON, TERRIE LYNN
RT 5 BOX 7720
STARKE, FL 32091

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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NAME
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CITY - ST - ZIP

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CITY - ST - ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

3639 NW. CR 233
Starke, FL 32091

☒ Change ☐ Addition

TITLE
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-27-04 904964 4673