

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jul 19, 1999 8:00 am
Secretary of State

07-19-1999 90013 003 ****61.25

DOCUMENT # N98000006387 ✓

1. Corporation Name

HARVEST TIME WORSHIP CENTER INC.

Principal Place of Business

1397 HWY 655 N
AUBURDALE FL 33823

Mailing Address

1397 HWY 655 N
AUBURDALE FL 33823



2. Principal Place of Business

21 113 Pontotoc Plaza

Suite, Apt. #, etc.

22

City & State

23 Auburndale FL

Zip

24 33823

Country

25 USA

2a. Mailing Address

26 113 Pontotoc Plaza

Suite, Apt. #, etc.

27

City & State

28 Auburndale FL

Zip

29 33823

Country

30 USA

3. Date Incorporated or Qualified

11/06/1998

4. FEI Number

59-3545931

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

Trust Fund Contribution

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

FAUGHT, DONNIE
102 HALLUM DRIVE
AUBURDALE FL 33823

10. Name and Address of New Registered Agent

81 Name

Frank Adams

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

113 Pontotoc Plaza

83

84 City

Auburndale

FL

85 Zip Code

33823

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE Frank Adams (PD)

7-12-99

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS ☐ DELETE

TITLE PD
NAME FAUGHT, DONNIE
STREET ADDRESS 102 HALLUM DRIVE
CITY-ST-ZIP AUBURDALE FL 33823

TITLE VD ☒ DELETE

NAME FLEEMAN, RONNIE
STREET ADDRESS 917 KRISTINA CT
CITY-ST-ZIP AUBURDALE FL 33823

TITLE STD ☐ DELETE

NAME NARRAMORE, LEROY
STREET ADDRESS 1397 HWY 655 N
CITY-ST-ZIP AUBURDALE FL 33823

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD ☒ Change ☐ Addition

1.2 NAME Frank Adams
1.3 STREET ADDRESS 113 Pontotoc Plaza
1.4 CITY-ST-ZIP Auburndale, FL 33823

2.1 TITLE VD ☒ Change ☐ Addition

2.2 NAME Donnie Faught
2.3 STREET ADDRESS 102 Hallum Drive
2.4 CITY-ST-ZIP Auburndale, FL 33823

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Leroy Narramore (STD)

7-12-99

941-551-1668

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0014486

CR2E037 (5/99)