05081999-90054-014-$61.25-$61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999

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

FILED
99 DEC -8 PM 12:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N98000006551

1. Corporation Name
HARVEST FIRE MINISTRIES INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 3155 D BELLMEADE DRIVE<br>PENSACOLA FL 32503 | 3155 D BELLMEADE DRIVE<br>PENSACOLA FL 32503 |

5/8/99 99054014 $61.25

| 2. Principal Place of Business | 2a. Mailing Address |
|---|---|
| 21 5038 Jeffery Rd | 28 5038 Jeffery Rd |
| 22 Suite, Apt. #, etc. | 27 Suite, Apt. #, etc. |
| 23 City & State MILTON, FL | 29 City & State MILTON, FL |
| 24 Zip 32570 25 Country USA | 29 Zip 32570 30 Country USA |

3. Date Incorporated or Qualified: 11/19/1998

4. FEI Number: ☑ 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

7. Name and Address of Current Registered Agent

GRETHER, HEIDI
3155 D BELLMEADE DRIVE
PENSACOLA FL 32503

10. Name and Address of New Registered Agent

31 Name: Heidi Grether
32 Street Address (P.O. Box Number is Not Acceptable): 5038 Jeffery Rd
33
34 City: MILTON FL 35 Zip Code: 32570

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 changes were 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 617.0501, Florida Statutes.

SIGNATURE: [signature] 8-1-99
Signature of or printed name of registered agent and title if applicable. — Florida registered agent signature required when changing. — DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|
| TITLE D<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ☐ DELETE<br>PRESIDENT<br>JIM GRETHER<br>5038 JEFFERY RD<br>MILTON FL 32570 | 1.1 TITLE<br>1.2 NAME<br>1.3 STREET ADDRESS<br>1.4 CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE D<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ☐ DELETE<br>V-PRES / TREASURER<br>HEIDI GRETHER<br>5038 JEFFERY RD<br>MILTON, FL 32570 | 2.1 TITLE<br>2.2 NAME<br>2.3 STREET ADDRESS<br>2.4 CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE T<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ☐ DELETE<br>ELANA SEOLAK<br>919½ NORENO ST<br>PENSACOLA, FL 32501 | 3.1 TITLE<br>3.2 NAME<br>3.3 STREET ADDRESS<br>3.4 CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ☐ DELETE | 4.1 TITLE<br>4.2 NAME<br>4.3 STREET ADDRESS<br>4.4 CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ☐ DELETE | 5.1 TITLE<br>5.2 NAME<br>5.3 STREET ADDRESS<br>5.4 CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ☐ DELETE | 6.1 TITLE<br>6.2 NAME<br>6.3 STREET ADDRESS<br>6.4 CITY-ST-ZIP | ☐ Change ☐ Addition |

CR2E007 (11/98)

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: SIGNATURE REQUIRED Heidi Grether 8-1-99
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL WHO SIGNS — DATE

KE