2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2001 8:00 am
Secretary of State
05-03-2001 91010 016 ****61.25

DOCUMENT # N99000001403

1. Entity Name

ABUNDANT HARVEST MINISTRIES PENTECOSTAL HOLINESS

Principal Place of Business	Mailing Address
1220 EAST SILVER SPRINGS BLVD OCALA FL 34470	P. O. BOX 771372 OCALA FL 34477-1372

DO NOT WRITE IN THIS SPACE

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 59-3579141 ☐ 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
BROWN, MYLES 3824 NE 17TH STREET CIRCLE OCALA FL 34470	Name: EVELYN GOLDWARE Street Address (P.O. Box Number is Not Acceptable): #3 PECAN PASS COURSE City: OCALA FL Zip Code: 34472

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: Evelyn F. Goldware Evelyn F. Goldware 4/26/01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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	PD BERRY, JAMES L 4125 NW 70TH AVE. OCALA FL 34482	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P/D BERRY, JAMES L 8434 NW 2 STREET OCALA FL 34482	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD FORD, DOUGLAS V 6906 SW 85TH ST. OCALA FL 34476	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V/D BERRY, MONA S 8434 NW 2 STREET OCALA FL 34482	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD FORD, KATE L 6906 SW 85TH ST. OCALA FL 34476	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S/T/D MORSE DONNA M 1421 SW 27 AVENUE #1204 OCALA FL 34474	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ 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
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (10/00)

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: Donna M. Morse Donna M. Morse 4-26-01 (352)401-0776
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #