2002 UNIFORM BUSINESS REPORT (UBR)

Mar 31, 2002 8:00 am Secretary of State DOCUMENT # N99000001633 02-21-2002 90089 046 ****61.25 HARVESTER UNITED METHODIST CHURCH, INC. Principal Place of Business Mailing Address 2432 COLLIER PARKWAY 2432 COLLIER PARKWAY LAND O' LAKES FL 34639 LAND O' LAKES FL 34639 2. Principal Place of Business 3. Mailing Address ~Suite, Apt.#,.etc._ Suite, Apt.#, etc.s. DO NOT WRITE IN THIS SPACE. City & State City & State 4. FEI Number Applied For 59-3510436 Not Applicable Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) CONWELL, LEWIS J C/O RUDNICH & WOLFE 101 EAST KENNEDY BLVD., SUITE 2000 City Zip Code TAMPA FL 33602 FL 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 Signature, typed or printed name of registered agent and title if applicable DATE (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to \$5.00 May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees Department of State. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS VP. Addition (6) TITLE ☐ Delete TITLE Frank Bagamary 310) SEABURY, LYNNE NAME NAME 25315 BEECHWOOD DRIVE STREET ADDRESS **CR2E037** STREET ADDRESS LAND O' LAKES FL 34639 CITY-ST-ZIP CITY-ST-ZIP wesley Chapel, FK 33544 ☐ Delete TITLE Change ☐ Addition TITLE urdewide James BARDEWICK, JAMES NAME NAME 3220 FREMONT CIRCLE STREET ADDRESS STREET ADDRESS Same CITY-ST-ZIP LAND O LAKES FL 34639 CITY-ST-7IP Change Addition TITLE Delete TITLE HITCHOCK, DON NAME NAME 1222 PRISTINE PL: 29 38 Billing STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LUTZ FL 33549 TITLE ☐ Change Addition Delete TITLE HENK, HAROLD JR. NAME NAME 1135 FOX CHAPEL DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LUTZ FL 33549 CITY-ST-ZIP TITLE Change ☐ Addition Delete KAROLEWSKI, LISA MAME NAME 4020 FIELDGREEN PLACE STREET ADDRESS STREET ADORESS LAND O LAKES FL 34639 CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change ☐ Addition TITLE TITLE Young, Robert NAME NAME 24749 GEORGE ROAD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LAND O' LAKES FL 34639 CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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 testee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if champed, or on an attachment with an address, with all other like empowered.

SWATURE REQUIRED

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SIGNATURE:

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