

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000003373

1. Entity Name

FINAL-HARVEST MINISTRIES INTERNATIONAL, INC.

Principal Place of Business

~~5421 WATSON RD.~~
RIVERVIEW FL 33569

Mailing Address

23 E. TARPON AVE.
TARPON SPRINGS FL 34689

2. Principal Place of Business

21811 Caleb place
Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 212
Suite, Apt. #, etc.

City & State

O'Brien, FL
Zip 32071 Country SUWANEE

City & State

O'Brien
Zip 32071 Country SUWANEE

4. FEI Number

59-3581284

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

KLIMIS, GEORGE N
23 E. TARPON AVE.
TARPON SPRINGS FL 34689

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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.

(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

TITLE D ☐ Delete
NAME JOHNSON, GERALD J JR.
STREET ADDRESS ~~5421 WATSON RD.~~
CITY-ST-ZIP RIVERVIEW FL 33569

TITLE D ☐ Delete
NAME CASTELLUCCI, ERIC D
STREET ADDRESS 9107 WOODBRIDGE RUN DR.
CITY-ST-ZIP TAMPA FL 33647

TITLE D ☐ Delete
NAME NOTO, JAMES M
STREET ADDRESS 4366 DEWEY DR.
CITY-ST-ZIP NEW PORT RICHEY FL 34652

TITLE P ☐ Delete
NAME JOHNSON, GERALD J SR.
STREET ADDRESS ~~5421 WATSON RD.~~
CITY-ST-ZIP RIVERVIEW FL 33569

TITLE S ☐ Delete
NAME CASTELLUCCI, SHANNA J
STREET ADDRESS ~~9107 WOODBRIDGE RUN DR.~~
CITY-ST-ZIP TAMPA FL 33647

TITLE T ☐ Delete
NAME JOHNSON, NORMA D
STREET ADDRESS ~~5421 WATSON RD.~~
CITY-ST-ZIP RIVERVIEW FL 33569

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE DIRECTOR ☒ Change ☐ Addition
NAME JOHNSON, GERALD J. JR.
STREET ADDRESS P.O. Box 212 - (21811 CALEB PLACE)
CITY-ST-ZIP O'BRIEN, FL 32071

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE PRESIDENT ☒ Change ☐ Addition
NAME GERALD JOHNSON, SR.
STREET ADDRESS P.O. Box 212 - (21811 CALEB PL)
CITY-ST-ZIP O'BRIEN, FL 32071

TITLE SECRETARY ☒ Change ☐ Addition
NAME SHANNA J. CASTELLUCCI
STREET ADDRESS 5005 CAMPTON CT.
CITY-ST-ZIP TAMPA, FL 33647

TITLE Treasurer ☒ Change ☐ Addition
NAME JOHNSON, NORMA D.
STREET ADDRESS P.O. Box 212, 21811 CALEB PL
CITY-ST-ZIP O'BRIEN, FL 32071

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:

Norma D. Johnson
SIGNATURE AND TYPED OR PRINTED NAME OF FINANCING OFFICER OR DIRECTOR

Treasurer 3/13/01

Date

(386-935-4719)

Daytime Phone #

FILED
Mar 19, 2001 8:00 am
Secretary of State

03-19-2001 90494 039 ****61.25

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DO NOT WRITE IN THIS SPACE

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CR2E037 (10/00)