

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000003373

1. Entity Name

FINAL-HARVEST MINISTRIES INTERNATIONAL, INC.

Principal Place of Business

21811 CALEB PLACE
O BRIEN FL 32071

Mailing Address

23 E. TARPON AVE.
TARPON SPRINGS FL 34689

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

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	<input type="checkbox"/> Delete
NAME	JOHNSON, GERALD J JR.	
STREET ADDRESS	P O BOX 212	
CITY-ST-ZIP	O BRIEN FL 32071	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	CASTELLUCCI, ERIC D	
STREET ADDRESS	9107 WOODRIDGE RUN DR.	
CITY-ST-ZIP	TAMPA FL 33647	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	NOTO, JAMES M	
STREET ADDRESS	4366 DEWEY DR.	
CITY-ST-ZIP	NEW PORT RICHEY FL 34652	
TITLE	P	<input type="checkbox"/> Delete
NAME	JOHNSON, GERALD J SR.	
STREET ADDRESS	P O BOX 212	
CITY-ST-ZIP	O BRIEN FL 32071	
TITLE	S	<input type="checkbox"/> Delete
NAME	CASTELLUCCI, SHANNA J	
STREET ADDRESS	5005 CAMPTON COURT	
CITY-ST-ZIP	TAMPA FL 33647	
TITLE	T	<input type="checkbox"/> Delete
NAME	JOHNSON, NORMA D	
STREET ADDRESS	P O BOX 212	
CITY-ST-ZIP	O BRIEN FL 32071	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HATCHER, DEAN	
STREET ADDRESS	5942 RIVER RD	
CITY-ST-ZIP	NEW PORT RICHEY, FL 34652	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LOMBARD, ANTHONY (REV.)	
STREET ADDRESS	54 DOGWOOD TRAIL	
CITY-ST-ZIP	RINGGOLD, GA 30736	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 SIGNING OFFICER OR DIRECTOR

3/22/02 (386) 935-4719
Date Daytime Phone #

FILED
Apr 03, 2002 8:00 am
Secretary of State

04-03-2002 90185 043 ****61.25



DO NOT WRITE IN THIS SPACE

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