

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 28, 2003 8:00 am**  
**Secretary of State**

03-28-2003 90076 008 \*\*\*\*61.25

**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

3. Mailing Address

**27 E. ORANGE STR.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State  
**TARPON SPRINGS**

4. FEI Number **59-3581284**

Applied For

Not Applicable

Zip

Country

Zip

Country

**FLA**

**USA**

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 **GEORGE N. KLIMIS, D.A.**

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

**27 E. ORANGE STR.**

**TARPON SPRINGS**

**FL**

**34689**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**2/13/03**

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete  
NAME **D**  
STREET ADDRESS **JOHNSON, GERALD J JR.**  
CITY-ST-ZIP **P O BOX 212  
O BRIEN FL 32071**

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

TITLE ☐ Delete  
NAME **D**  
STREET ADDRESS **HATCHER, DEAN**  
CITY-ST-ZIP **5942 RIVER RD  
NEW PORT RICHEY FL 34652**

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

TITLE ☐ Delete  
NAME **D**  
STREET ADDRESS **LOMBARD, ANTHONY REV**  
CITY-ST-ZIP **54 DOGWOOD TRAIL  
RINGGOLD GA 30736**

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

TITLE ☐ Delete  
NAME **P**  
STREET ADDRESS **JOHNSON, GERALD J SR.**  
CITY-ST-ZIP **P O BOX 212  
O BRIEN FL 32071**

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

TITLE ☐ Delete  
NAME **S**  
STREET ADDRESS **CASTELLUCCI, SHANNA J**  
CITY-ST-ZIP **5005 CAMPTON COURT  
TAMPA FL 33647**

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

TITLE ☐ Delete  
NAME **T**  
STREET ADDRESS **JOHNSON, NORMA D**  
CITY-ST-ZIP **P O BOX 212  
O BRIEN FL 32071**

TITLE ☐ Change ☐ 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:

**Gerald J. Johnson, Jr.**

**3/25/03**

CR2E037 (10/02)