

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N99000005084

FILED
Apr 23, 2003
Secretary of State

Entity Name: HARVEST OUTREACH CENTER, INC.

Current Principal Place of Business:

1955 RAYMOND DIEAL RD
TALLAHASSEE, FL 32308

New Principal Place of Business:

1580 BANNERMAN RD. #5
TALLAHASSEE, FL 32312

Current Mailing Address:

PO BOX 14017
TALLAHASSEE, FL 32317

New Mailing Address:

FEI Number: 59-3594777 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

OLSEN, TENNEY C
2756 WHITMORE CT
TALLAHASSEE, FL 32312 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: OLSEN, TENNEY C
Address: 2756 WHITMORE CT
City-St-Zip: TALLAHASSEE, FL 32312

Title: VSD () Delete
Name: OLSEN, PAM
Address: 2756 WHITMORE CT
City-St-Zip: TALLAHASSEE, FL 32312

Title: D (X) Delete
Name: CROUCH, JOHN
Address: 1248 SEVEN SPRINGS BLVD SUITE A
City-St-Zip: NEW PORT RICHEY, FL 34655

Title: TD () Delete
Name: KRAUSS, FRED
Address: 3111 66TH STREET SW
City-St-Zip: NAPLES, FL 34105

Title: D () Delete
Name: MOORE, MIKE
Address: 340 TAVERNIER DRIVE
City-St-Zip: OLDSMAR, FL 34677

Title: D () Delete
Name: NICK, PANICO
Address: 2289 HERCULES AVE
City-St-Zip: CLEARWATER, FL 33763

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TENNEY C OLSEN

DP

04/23/2003

Electronic Signature of Signing Officer or Director

Date