

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 10, 2001 8:00 am
Secretary of State

04-10-2001 90044 015 ****70.00

DOCUMENT # N99000006984

1. Entity Name

INTO HIS HARVEST MINISTRIES, INC.

Principal Place of Business

191 HAVEN DRIVE
W. MELBOURNE FL 32904

Mailing Address

191 HAVEN DRIVE
W. MELBOURNE FL 32904

2. Principal Place of Business

112 PENNOCK TRACE DR.
Suite, Apt. #, etc.

3. Mailing Address

112 PENNOCK TRACE DR.
Suite, Apt. #, etc.

City & State

Jupiter, Florida

City & State

Jupiter, Florida

Zip

33458

Country

USA

Zip

33458

Country

USA

4. FEI Number

59-3611316

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional Fee Required.

6. Name and Address of Current Registered Agent

COOK, RICHARD C
112 PENNOCK TRACE DRIVE
JUPITER FL 33458

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 NAME STREET ADDRESS CITY-ST-ZIP	PTD SANVELLE, ROBERT J 191 HAVEN DR MELBOURNE FL 32904	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD SAWVELLE, CAROLYN 191 HAVEN DRY MELBOURNE FL 32904	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COOK, RICHARD 1271 GUSTOW AVE PALM BAY FL 32907	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HUCK, CHRIS 321 SOUTH CANNON APT 1 SPOKANE WA 99204	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MAISANO, DARLENE 421 MCKENNEY RD SANTA ROSA BEACH FL 32459	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SAWVELLE, Robert J. 304 S. Main St. Coudersport, PA 16915	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD SAWVELLE, CAROLYN 304 S. Main St. Coudersport, PA 16915	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD COOK, Richard 112 PENNOCK TRACE DRIVE Jupiter, FL 33458	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HUCK, Chris 321 South Cannon Apt 1 SPOKANE, WA 99204	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MAISANO, DARLENE 58 56 Buster Marse Rd. FREEPORT, FL 32439	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Robert J Sawvelle

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/6/01 (814) 274-5079

Date Daytime Phone #

CR2E037 (10/00)