

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000007335

1. Entity Name

HARVEST CHURCH WORSHIP CENTER, INC.

Principal Place of Business

6900 SILVER STAR
#211
ORLANDO FL 32818

Mailing Address

2627 COVENTRY LANE
OCOE FL 34761

2. Principal Place of Business

2612 N Powers Dr

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ORLANDO FL

Zip

32818

Country

ORANGE

City & State

Zip

Country

6. Name and Address of Current Registered Agent

PETERS, JAMES
2627 COVENTRY LANE
OCOE FL 34761

4. FEI Number

59-3615565

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

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	P	<input type="checkbox"/> Delete
NAME	PETERS, JAMES	
STREET ADDRESS	2627 COVENTRY LANE	
CITY-ST-ZIP	OCOE FL 34761	
TITLE	D	<input type="checkbox"/> Delete
NAME	PETERS, GARY	
STREET ADDRESS	2627 COVENTRY LANE	
CITY-ST-ZIP	OCOE FL 34761	
TITLE	D	<input type="checkbox"/> Delete
NAME	BAKER, RANDOLPH	
STREET ADDRESS	2627 COVENTRY LANE	
CITY-ST-ZIP	OCOE FL 34761	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	HOOD, KERRI	
STREET ADDRESS	2627 COVENTRY LANE	
CITY-ST-ZIP	OCOE FL 34761	
TITLE	D	<input type="checkbox"/> Delete
NAME	ROSE, HUBERT	
STREET ADDRESS	7215 WOODHILL PARK DR #214	
CITY-ST-ZIP	ORLANDO FL 32818	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	HOOD, KERRI A	
STREET ADDRESS	2601 RENEGRADE DR #201	
CITY-ST-ZIP	ORLANDO FL 32818	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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		
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HERMAN, BRYAN	
STREET ADDRESS	6334 Layrel Wood Ct	
CITY-ST-ZIP	ORLANDO, FL 32818	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Helen muphy	
STREET ADDRESS	1835 Apple wood st	
CITY-ST-ZIP	ORLANDO, FL 32818	

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:

SIGNATURE: JAMES PETERS

JAMES PETERS

407445-9801

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 11-5-02

Daytime Phone #

CR2E037 (9/01)



DO NOT WRITE IN THIS SPACE

FILED

Feb 11, 2002 8:00 am
Secretary of State

02-11-2002 90104 017 ****61.25