

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 07, 2002 8:00 am**  
**Secretary of State**

02-07-2002 90028 044 \*\*\*\*61.25

**DOCUMENT # N99000007451**

1. Entity Name

**SPED TIME & HARVEST FAITH MINISTRY, INC.**

Principal Place of Business

Mailing Address

4961 HAVERHILL COMMONS CIRCLE #29  
 WEST PALM BEACH FL 33447

P O BOX 20214  
 WEST PALM BEACH FL 33416-0214

2. Principal Place of Business

3. Mailing Address

23 B. Bedford Ct.

Suite, Apt. #, etc.

City & State  
 Royal Palm Beach Fla.

City & State

Zip  
 33411

Country  
 U.S.A.  
 P.B. Country

Zip

Country

4. FEI Number

65-0966357

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MCAFDDEN, ROY  
 4961 HAVERHILL COMMONS CIRCLE #29  
 WEST PALM BEACH FL 33447

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
 D  
 MCFADDEN, ROY  
 4961 HAVERHILL COMMONS CIR.  
 WEST PALM BEACH FL 33417 ☐ Delete

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

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
 D  
 MCFADDEN, LOUISE  
 4961 HAVERHILL COMMONS CIR.  
 WEST PALM BEACH FL 33417 ☐ Delete

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

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
 D  
 HINKLE, QUEEN  
 5336 BOSQUE LN.  
 WEST PALM BEACH FL 33415 ☐ Delete

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

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
 D  
 SOMMONS, JULIOUS  
 341 W 22ND CT.  
 WEST PALM BEACH FL 33404 ☐ Delete

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

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
 D  
 HERBERT, WINSTON  
 5868 STRAWBERRY LAKES CIR.  
 LAKE WORTH FL 33463 ☒ Delete

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

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
☐ Delete

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

*ROY MCFADDEN*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/28/02 561-792-2034

CR2E037 (9/01)