

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 733513

**Entity Name:** HARVEST MINISTRIES OF JACKSONVILLE, INC.

**Current Principal Place of Business:**

2550 FOURAKER RD  
JACKSONVILLE, FL 32210

**Current Mailing Address:**

2550 FOURAKER RD  
JACKSONVILLE, FL 32210

**FEI Number: 59-1607579**

**Certificate of Status Desired: Yes**

**Name and Address of Current Registered Agent:**

SMITH, BASCOM O JR  
2510 FOURAKER RD  
JACKSONVILLE, FL 32210 US

*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

**Officer/Director Detail :**

Title TD  
Name WHEELER, THOMAS F  
Address 9072 COUNTRY MILL LANE  
City-State-Zip: JACKSONVILLE FL 32222

Title PD  
Name SMITH, BASCOM O JR  
Address 2510 FOURAKER ROAD  
City-State-Zip: JACKSONVILLE FL 32210

Title VD  
Name YON, NELL  
Address 8012 LENOX AVENUE  
City-State-Zip: JACKSONVILLE FL 32221

Title SD  
Name WARREN, SHARON  
Address 8488 BANDERA CIRCLE WEST  
City-State-Zip: JACKSONVILLE FL 32244

*I hereby 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 all other like empowered.*

**SIGNATURE: BASCOM O SMITH JR**

**SENIOR PASTOR/CEO**

**02/05/2015**

Electronic Signature of Signing Officer/Director Detail

Date