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FILED
May 17, 2001 8:00 am
Secretary of State
03-06-2001 90342 003 ****61.25

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000004425

1. Entity Name

SOUL HARVEST CHURCH OF GOD, INC.

Principal Place of Business	Mailing Address
2029 PHOENIX AVE JACKSONVILLE FL 32206	2029 PHOENIX AVE JACKSONVILLE FL 32206

[redacted]

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number: 59 - 3666835 ☐ 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
MORRIS, DARNELL L SR 2029 PHOENIX AVE JACKSONVILLE FL 32206	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 Darnell L Morris SR 03-03-01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when advertising) 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	P MORRIS, DARNELL L SR 2029 PHOENIX AVE JACKSONVILLE FL 32206 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☒ Addition D
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T ~~MORRIS, RICKEY L SR~~ ~~2029 PHOENIX AVE~~ ~~JACKSONVILLE FL 32206~~ ☒ Delete Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☒ Addition ~~Addition~~
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S ~~MORRIS, CLARICE~~ ~~2029 PHOENIX AVE~~ ~~JACKSONVILLE FL 32206~~ ☐ Delete ~~Trustee~~	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Darnell Morris 2029 Phoenix Ave Jacksonville FL 32206 D ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Clarice Morris 2029 Phoenix Ave Jacksonville FL 32206 D ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Sis. J. T. White 2029 Phoenix Ave Jacksonville FL 32206 D ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (10/00)

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: Darnell L Morris SR 03-03-01 696-7555
SIGNATURE AND TYPED OR PRINTED NAME OF ASSIGNED OFFICER OR DIRECTOR — Date — Daytime Phone #