2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N00000004425

1. Entity Name
SOUL HARVEST CHURCH OF GOD, INC.

05 MAY -2 PM 12:40

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

05022005 Chg-NP CR2E037 (10/03) 05

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	3516 winton DR Suite, Apt. #, etc.
City & State	City & State JACKSONVILLE FL
Zip / Country	Zip 32206 / 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by September 7, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make check payable to Florida 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 200054669312 05/17/05--01032--022 **61.25
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D3 MORRIS, DARNELL 2029 PHOENIX AVE JACKSONVILLE, FL 32206	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MORRIS, CLARICE 2029 PHOENIX AVE JACKSONVILLE, FL 32206	☐ Delete	TITLE D / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition Clarice Baker 3516 winton DR Jacksonville FL 32206
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SAMBURR, MERCEDES 2029 PHOENIX AVE. JACKSONVILLE, FL 32206	☐ Delete	TITLE D / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition Mercedes Samson PO BOX 28314 Jacksonville FL 32226
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ 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: Clarice Baker 5-2-05 904-860-1521
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #