

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$155 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$305)**

NONPROFIT CORPORATION ANNUAL REPORT 1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

95 JUN 14 AM 9:25

DOCUMENT # N37058 (7)
1. Corporation Name

LABORERS AND HARVESTORS MINISTRIES, INC.

Principal Place of Business % EMORY WILSON 1034 N ANDERSON AVENUE LAKELAND FL 33805	Mailing Address % EMORY WILSON 1034 N ANDERSON AVENUE LAKELAND FL 33805
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 03/09/1990	3a. Date of Last Report 08/05/1994
4. FEI Number 59-2914896	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input checked="" type="checkbox"/>	FILING FEE IS \$61.25
8. This corporation has liability for intangible tax under s. 190.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

9. Name and Address of Current Registered Agent

**WILSON, EMORY
1034 N ANDERSON AVENUE
LAKELAND FL 33805**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 617.0503, Florida Statutes.

SIGNATURE: *Emory Wilson* DATE: **6-7-95**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILSON, CLARISSA	1.2 NAME	
STREET ADDRESS	1034 N ANDERSON AVE	1.3 STREET ADDRESS	
CITY - ST - ZIP	LAKELAND FL	1.4 CITY - ST - ZIP	
TITLE	D	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WOODS, MARY ANN	2.2 NAME	
STREET ADDRESS	1830 SILS RD.	2.3 STREET ADDRESS	
CITY - ST - ZIP	LAKE WALES FL	2.4 CITY - ST - ZIP	
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	INGLIS, DAVID	3.2 NAME	
STREET ADDRESS	707 CARPENTER WAY #37	3.3 STREET ADDRESS	
CITY - ST - ZIP	LAKELAND FL	3.4 CITY - ST - ZIP	
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILSON, EMORY	4.2 NAME	
STREET ADDRESS	1034 N. ANDERSON AVE.	4.3 STREET ADDRESS	
CITY - ST - ZIP	LAKELAND FL 33805	4.4 CITY - ST - ZIP	
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PARSONS, LES	5.2 NAME	
STREET ADDRESS	3345 BAIRD AVE.	5.3 STREET ADDRESS	
CITY - ST - ZIP	LAKELAND FL 33805	5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Blocks 13 if changed, or on an attachment with an address.

SIGNATURE: *Emory Wilson* DATE: **6-7-95** OFFICE: **813-686-8605**

CR2E037 (3/95)