

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **N37058** (7)

1. Corporation Name  
**LABORERS AND HARVESTORS MINISTRIES, INC.**



Principal Place of Business Mailing Address  
**% EMORY WILSON**  
**1034 N ANDERSON AVENUE**  
**LAKELAND FL 33805**

3. Date Incorporated or Qualified **03/09/1990** 3a. Date of Last Report **06/14/1995**

21	2. Principal Place of Business	2a	Mailing Address	4.	FEI Number <b>59-2914896</b>	Applied For	<input type="checkbox"/>	Not Applicable	
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.	5.	Certificate of Status Desired	<input type="checkbox"/>	<b>\$8.75</b>	Additional Fee Required	
23	City & State	28	City & State	6.	Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	<b>\$5.00</b>	May Be Added to Fees	
24	Zip	25	Country	29	Zip	30	Country	8.	This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>WILSON, EMORY</b> <b>1034 N ANDERSON AVENUE</b> <b>LAKELAND FL 33805</b>				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	<b>FL</b>	85

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	<b>D</b>	<input type="checkbox"/> DELETE		1.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>WILSON, CLARISSA</b>			1.2 NAME			
STREET ADDRESS	<b>1034 N ANDERSON AVE</b>			1.3 STREET ADDRESS			
CITY-ST-ZIP	<b>LAKELAND FL</b>			1.4 CITY-ST-ZIP			
TITLE	<b>D</b>	<input type="checkbox"/> DELETE		2.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>WOODS, MARY ANN</b>			2.2 NAME			
STREET ADDRESS	<b>1830 SILS RD.</b>			2.3 STREET ADDRESS			
CITY-ST-ZIP	<b>LAKE WALES FL</b>			2.4 CITY-ST-ZIP			
TITLE	<b>D</b>	<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>INGLIS, DAVID</b>			3.2 NAME			
STREET ADDRESS	<b>707 CARPENTER WAY #37</b>			3.3 STREET ADDRESS			
CITY-ST-ZIP	<b>LAKELAND FL</b>			3.4 CITY-ST-ZIP			
TITLE	<b>D</b>	<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>WILSON, EMORY</b>			4.2 NAME			
STREET ADDRESS	<b>1034 N. ANDERSON AVE.</b>			4.3 STREET ADDRESS			
CITY-ST-ZIP	<b>LAKELAND FL 33805</b>			4.4 CITY-ST-ZIP			
TITLE	<b>D</b>	<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>PARSONS, LES</b>			5.2 NAME			
STREET ADDRESS	<b>3345 BAIRD AVE.</b>			5.3 STREET ADDRESS			
CITY-ST-ZIP	<b>LAKELAND FL 33805</b>			5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		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 119.07(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 Block 13 if changed, or on an attachment with an address.

SIGNATURE: Emory Wilson Emory Wilson Jan. 29, 1996 941-686-8605  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)