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May 20 1997 8:00am
Secretary of State

NONPROFIT CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
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	% EMORY WILSON 1034 N ANDERSON AVENUE LAKELAND FL 33805-4246

3. Date Incorporated or Qualified 03/09/1990	3a. Date of Last Report 05/01/1996
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2. Principal Place of Business	2a. Mailing Address	4. FEI Number 59-2914896	Applied For <input type="checkbox"/> Not Applicable
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
22 City & State	27 City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
23 Zip Country	28 Zip Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
24	25	29	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	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	FL
83	
84 City	

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	D <input type="checkbox"/> DELETE	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 <input type="checkbox"/> DELETE	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 <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	INGLIS, DAVID	3.2 NAME	DIRECTOR ANTHONY J. JONES
STREET ADDRESS	707 CARPENTER WAY #37	3.3 STREET ADDRESS	2184-66TH AVENUE SOUTH
CITY - ST - ZIP	LAKELAND FL	3.4 CITY - ST - ZIP	ST. PETERSBURG, FL 33712
TITLE	D <input type="checkbox"/> DELETE	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 <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PARSONS, LES	5.2 NAME	DIRECTOR LYNDA HARP JONES
STREET ADDRESS	3345 BAIRD AVE.	5.3 STREET ADDRESS	2184-66TH AVENUE SOUTH
CITY - ST - ZIP	LAKELAND FL 33805	5.4 CITY - ST - ZIP	ST. PETERSBURG, FL 33712
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 does not qualify for the exemption stated in Section 119.07(3)(i), 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: Anthony J. Jones 4/15/97 (813) 864-6679
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0052784

CR2E037 (9/96)