2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 31, 2000 8:00 am
Secretary of State
08-31-2000 90112 050 ****70.00

DOCUMENT # N98000005363

1. Entity Name

SOUL HARVEST WORD, WORSHIP AND PRAISE MINISTRIES

Principal Place of Business	Mailing Address
~~1118 N.W. 7TH AVE.~~ ~~OCALA FL 34474~~	~~1118 N.W. 7TH AVE.~~ ~~OCALA FL 34474~~

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
9327 S.E. Maricamp Rd	9 Bahia Place Loop
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Ocala, Fla	City & State: Ocala,
Zip: 34472 Country: USA	Zip: Fl 34472 Country: USA

4. FEI Number 59-3534670 ☐ 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
HOLLINS, ESTELLA ~~1118 N.W. 7TH AVE.~~ ~~OCALA FL 34474~~ 9 Bahia Place Loop Ocala, Fl 34472	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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25
After September 13, 2000 min. will be $236.25

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	D HOLLINS, ESTELLA 1118 N.W. 7TH AVE. OCALA FL 34474	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WILSON, GLORIA 1118 N.W. 7TH AVE. OCALA FL 34474	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ~~MC KNIGHT, DR. WILLIAM~~ ~~7260 BREIDA DR.~~ ~~BAYTOWN TX~~	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Deborah--Mgr Hellon 2014 S.W. 5 St. Ocala, Florida 34474 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WILLIAMS, MARVENETTE 17140 N.W. 24TH CT. MIAMI FL 33056	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Philip Danky 5420 S.E. Lane #D Ocala, Florida 34471 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PALMER, DR. CORA LEE 2340 N.W. 184TH ST. MIAMI FL 33056	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HARRIS, DR. EMANUEL 9880 PALMETTO CLUB DR. MIAMI FL 33056	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (5/00)

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: Estelle Hollins 7/31/2000 352-6800482
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #