2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 16, 2005 08:00 AM
Secretary of State

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1. Entity Name
SOUL HARVEST WORD, WORSHIP AND PRAISE MINISTRIES, INC.

Principal Place of Business	Mailing Address
9305 MARICAMP ROAD OCALA, FL 34472	9 BAHIA PLACE LOOP OCALA, FL 34472

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09132005 No Chg-NP CR2E037 (10/03)

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

HOLLINS, ESTELLA
9 BAHIA PLACE LOOP
OCALA, FL 34472

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

Filing Fee is $61.25
Due by October 1, 2005

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	HOLLINS, ESTELLA
STREET ADDRESS	1118 N.W. 7TH AVE.
CITY-ST-ZIP	OCALA, FL 34474
TITLE	D
NAME	WILSON, GLORIA
STREET ADDRESS	1118 N.W. 7TH AVE.
CITY-ST-ZIP	OCALA, FL 34474
TITLE	D
NAME	WILLIAMS, MARVENETTE
STREET ADDRESS	17140 N.W. 24TH CT.
CITY-ST-ZIP	MIAMI, FL 33056
TITLE	D
NAME	PALMER, DR. CORA LEE
STREET ADDRESS	2340 N.W. 184TH ST.
CITY-ST-ZIP	MIAMI, FL 33056
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Estella Hollins 9/5/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #