

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N12000005321

**Entity Name:** SOUL HARVEST TABERNACLE OF JESUS CHRIST,  
INCORPORATED

**FILED**  
**May 02, 2020**  
**Secretary of State**  
**9004362344CC**

**Current Principal Place of Business:**

5419 BLUEBERRY HILL AVENUE  
LAKE WORTH, FL 33463

**Current Mailing Address:**

5419 BLUEBERRY HILL AVENUE  
LAKE WORTH, FL 33463 US

**FEI Number: 80-0819899**

**Certificate of Status Desired: Yes**

**Name and Address of Current Registered Agent:**

ARIUS, YVONNE  
5419 BLUEBERRY HILL AVENUE  
LAKE WORTH, FL 33463 US

*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: YVONNE ARIUS**

**05/02/2020**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT, DIRECTOR, APOSTLE  
Name            ARIUS, YVONNE J  
Address        5419 BLUEBERRY HILL AVENUE  
City-State-Zip: LAKE WORTH FL 33463

Title            DIRECTOR, BRANCH MINISTRY  
Name            POWER CHRISTIAN INTERVENTION  
                    CENTER INC  
Address        1LIBAC ROAD  
City-State-Zip: PORTHARCOURT RIVER STATE

Title            DIRECTOR, APOSTLE  
Name            WUSHI, DAN  
Address        1 LIBAC ROAD  
City-State-Zip: PORTHARCOURT RIVER STATE

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE: YVONNE ARIUS**

**PRESIDENT**

**05/02/2020**

Electronic Signature of Signing Officer/Director Detail

Date