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: WILSON EMORY

Electronic Signature of Signing Officer/Director Detail

Officer/Director Detail : Tit Na Ad Cit Tit

Electronic Signature of Registered Agent

City-State-Zip: BARTOW FL 33830

SIGNATURE:

Title	Ρ	Title	VP		
Name	WILSON, EMORY	Name	WILSON, CLARISSA		
Address	1034 N. ANDERSON AVE	Address	1034 N. ANDERSON AVE		
City-State-Zip:	LAKELAND FL 33805	City-State-Zip:	LAKELAND FL 33805		
	_				
Title	Т				
Name	WILSON, CHARLES				
Address	790 KATHY RD				

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.

FEI Number: 59-2914896

Name and Address of Current Registered Agent:

WILSON, EMORY 1034 N ANDERSON AVE LAKELAND, FL 33805 US

Entity Name: LABORERS AND HARVESTORS MINISTRIES, INC.

Current Principal Place of Business:

1005 N. ROSE STREET LAKE HAMILTON. FL 33851-0775

DOCUMENT# N37058

Current Mailing Address:

1034 N ANDERSON AVE LAKELAND, FL 33805

Certificate of Status Desired: Yes

FILED May 13, 2013 Secretary of State CC8998683940

Date

Date

PRESIDENT

05/13/2013

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT