**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**
**Apr 06, 2021**
**Secretary of State**
**6102117304CC**

DOCUMENT# N98000005363

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

**Current Principal Place of Business:**

416 CYPRESS RD
OCALA, FL 34472

**Current Mailing Address:**

416 CYPRESS RD
OCALA, FL 34472

**FEI Number: 59-3534670**

**Certificate of Status Desired:** No

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

FORD, ESTELLA
9 BAHIA PLACE LOOP
OCALA, FL 34472 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:

Electronic Signature of Registered Agent — Date

**Officer/Director Detail :**

| | |
|---|---|
| Title | C |
| Name | FORD, ESTELLA |
| Address | 1118 N.W. 7TH AVE. |
| City-State-Zip: | OCALA FL 34474 |

| | |
|---|---|
| Title | BM |
| Name | WILSON, GLORIA |
| Address | 1118 N.W. 7TH AVE. |
| City-State-Zip: | OCALA FL 34474 |

| | |
|---|---|
| Title | BM |
| Name | WILLIAMS, MARVENETTE |
| Address | 17140 N.W. 24TH CT. |
| City-State-Zip: | MIAMI FL 33056 |

| | |
|---|---|
| Title | BM |
| Name | PALMER, DR. CORA LEE |
| Address | 2340 N.W. 184TH ST. |
| City-State-Zip: | MIAMI FL 33056 |

| | |
|---|---|
| Title | BM |
| Name | ALFORD, JAIME |
| Address | 3335 S. W. 20TH STREET |
| City-State-Zip: | OCALA FL 34475 |

*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: DR. ESTELLA FORD OWNER 04/06/2021

Electronic Signature of Signing Officer/Director Detail — Date