2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 14, 2023
Secretary of State
2874318675CC

DOCUMENT# N99000007335

Entity Name: HARVEST CHURCH WORSHIP CENTER, INC.

Current Principal Place of Business:

2612 N POWERS DRIVE
ORLANDO, FL 32818

Current Mailing Address:

2612 N POWERS DRIVE
ORLANDO, FL 32818

FEI Number: 59-3615565

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BRYAN, HERMAN WASHINGTON
6324 LAURELWOOD CT,
ORLANDO, FL 32818 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: HERMAN W BRYAN 03/14/2023

Electronic Signature of Registered Agent — Date

Officer/Director Detail :

Title	P
Name	BRYAN, HERMAN WASHINGTON
Address	6324 LAURELLWOD CT,
City-State-Zip:	ORLANDO FL 32818

Title	TREASURER
Name	NEWMAN, JANET
Address	6421 BREZEWOOD ST.
City-State-Zip:	ORLANDO FL 32818

Title	DIRECTOR
Name	FRITH, ASTON
Address	501 VALLEYOAK RD
City-State-Zip:	ORLANDO FL 32808

Title	DEACON
Name	RAPHAEL, TETELA MAY DIRECTOR
Address	5104 KIPP PLACE
City-State-Zip:	ORLANDO FL 32808

Title	CHAIRMAN
Name	BRYAN, HERMAN WASHINGTON
Address	6324 LAURELWOOD CT
City-State-Zip:	ORLANDO FL 32818

Title	DIRECTOR
Name	PETERS, IROSE
Address	2627 COVENTRY LANE
City-State-Zip:	OCOEE FL 34761

Title	DIRECTOR
Name	ROSE, MYRA
Address	24 CRESTON ST
City-State-Zip:	DORCHESTER MA 02121

Title	DIRECTOR
Name	SINCLAIR, ANDREW A
Address	PINE HILLS CIRCLE
City-State-Zip:	ORLANDO FL 32808

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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: HERMAN WASHINGTON BRYAN PASTOR 03/14/2023

Electronic Signature of Signing Officer/Director Detail — Date

Officer/Director Detail Continued :

Title	DIRECTOR
Name	ROBINSON, NOVLETT
Address	109 MASON ST
City-State-Zip:	SALEM MA 01970

Title	DIRECTOR
Name	DERRYCK, GILES AUGUSTUS SR.
Address	1890 MATTERHORN DR
City-State-Zip:	ORLANDO FL 32818