

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

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:** Yes**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

07/09/2019

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

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

Title CHAIRMAN
Name BRYAN, HERMAN WASHINGTON
Address 6324 LAURELWOOD 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 PETERS, IROSE
Address 2627 COVENTRY LANE
City-State-Zip: OCOEE FL 34761

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

Title DIRECTOR
Name IRVING, DWIGHT R
Address 662 FORTANINI CIRCLE
City-State-Zip: OCOEE FL 34761

Title DIRECTOR
Name VAN DER MEER, DIANNE DR.
Address POB.6616
City-State-Zip: TALLAHASSEE FL 32314

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

Continues on page 2

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 BRYAN

PASTOR

07/09/2019

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DEACON
Name IRVING, DWIGHT R
Address 662 FORTANINI CIRCLE
City-State-Zip: OCOEE FL 34761

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

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