

**2018 FLORIDA NOT FOR PROFIT CORPORATION REINSTATEMENT**

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

05/01/2018

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 W BRYAN

CHAIRMAN

05/01/2018

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

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