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Mar 16 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 739620 1. Corporation Name HARVEST MINISTRIES, INC.	(3)
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Principal Place of Business POST OFFICE BOX 18530 PENSACOLA FL 32523	Mailing Address POST OFFICE BOX 18530 PENSACOLA FL 32523
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent FRANKLIN, WILLIAM B. 4490 WHISPER DR. PENSACOLA FL 32504	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code
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11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	PD <input type="checkbox"/> DELETE
NAME	FRANKLIN, WILLIAM B.
STREET ADDRESS	4490 WHISPER DR.
CITY-ST-ZIP	PENSACOLA FL
TITLE	VPD <input type="checkbox"/> DELETE
NAME	FRANKLIN, WILLIAM B. J
STREET ADDRESS	4490 WHISPER DR.
CITY-ST-ZIP	PENSACOLA FL
TITLE	STD <input type="checkbox"/> DELETE
NAME	FRANKLIN, DOROTHY E.
STREET ADDRESS	4490 WHISPER DR.
CITY-ST-ZIP	PENSACOLA FL
TITLE	D <input type="checkbox"/> DELETE
NAME	MILLIGAN, JOHN
STREET ADDRESS	900 W. JAMES LEE BLVD.
CITY-ST-ZIP	CRESTVIEW FL
TITLE	D <input type="checkbox"/> DELETE
NAME	POWELL, RICHARD H.
STREET ADDRESS	92 EGLIN PARKWAY NE
CITY-ST-ZIP	FT. WALTON BEACH FL
TITLE	D <input type="checkbox"/> DELETE
NAME	REEDER, LARRY E.
STREET ADDRESS	640 N. OVERBROOK DR.
CITY-ST-ZIP	FT. WALTON BEACH FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *William B. Franklin*

CR2E037 (10/97)