

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 742009

FILED
Apr 29, 2005
Secretary of State

Entity Name: HARVEST FIRE WORSHIP CENTER, INC.

Current Principal Place of Business:

2260 NW 183RD STREET
MIAMI, FL 33056

New Principal Place of Business:

Current Mailing Address:

2260 NW 183RD STREET
MIAMI, FL 33056

New Mailing Address:

FEI Number: 31-1603931

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

CLARKE, DONALD F REV
395 NE 154 ST
MIAMI, FL 33162 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: VD () Delete
Name: CLARKE, HELGA
Address: 395 NE 154TH STREET
City-St-Zip: MIAMI, FL 33162

Title: PD () Delete
Name: CLARKE, DONALD F.(RE, V.)
Address: 395 NE 154 ST
City-St-Zip: MIAMI, FL 33162

Title: SD () Delete
Name: WILLIAMS, BYRON E.,
Address: 21011 NE 13TH PL
City-St-Zip: MIAMI, FL 33179

Title: ATSD () Delete
Name: HARVEY, HYGLIVE, D,
Address: 967 NE 145 STREET
City-St-Zip: MIAMI, FL 33161

Title: TD () Delete
Name: GOLDSON, ASTON
Address: 3500 NW 38 TERRACE
City-St-Zip: LAUDERDALE LAKES, FL 33309

Title: D () Delete
Name: WRAY, VICTOR
Address: 3754 NW 209TH TERRACE
City-St-Zip: CORAL CITY, FL 33055

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: ASTON GOLDSON

TD

04/29/2005

Electronic Signature of Signing Officer or Director

Date