

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 742009

FILED
Apr 16, 2008
Secretary of State

Entity Name: HARVEST FIRE WORSHIP CENTER, INC.

Current Principal Place of Business:

2260 NW 183RD STREET
MIAMI GARDENS, FL 33056

New Principal Place of Business:

Current Mailing Address:

2260 NW 183RD STREET
MIAMI GARDENS, 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: 7782 NW 18 STREET
City-St-Zip: PEMBROKE PINES, FL 33024

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

Title: TD () Delete
Name: GOLDSOON, 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: T (X) Change () Addition
Name: HARVEY, HYGLIVE, D,
Address: 967 NE 145 STREET
City-St-Zip: MIAMI, FL 33161

Title: D (X) Change () Addition
Name: CLARKE, DONALD
Address: 7900 NW 6 STREET #105
City-St-Zip: PEMBROKE PINES, FL 33024

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: DONALD CLARKE

D

04/16/2008

Electronic Signature of Signing Officer or Director

_____ Date