## 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT#742009**

FILED Feb 18, 2010 Secretary of State

Entity Name: HARVEST FIRE WORSHIP CENTER, INC.

Current Principal Place of Business: New Principal Place of Business:

2260 NW 183RD STREET 18291 N.W. 23 AVENUE MIAMI GARDENS, FL 33056 MIAMI GARDENS, FL 33056

Current Mailing Address: New Mailing Address:

2260 NW 183RD STREET 18291 N.W. 23 AVENUE MIAMI GARDENS, FL 33056 MIAMI GARDENS, FL 33056

FEI Number: 31-1603931 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

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

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

Title: VD

Name: CLARKE, HELGA
Address: 395 NE 154TH STREET
City-St-Zip: MIAMI, FL 33162

Title: PD

Name: CLARKE, DONALD F.(REV.) Address: 395 NE 154 ST

City-St-Zip: MIAMI, FL 33162

Title: SD

 Name:
 WILLIAMS, BYRON E.

 Address:
 7782 NW 18 STREET

 City-St-Zip:
 PEMBROKE PINES, FL 33024

Title: 1

Name: HARVEY, HYGLIVE, D Address: 967 NE 145 STREET City-St-Zip: MIAMI, FL 33161

Title:

 Name:
 CLARKE, DONALD

 Address:
 7900 NW 6 STREET #105

 City-St-Zip:
 PEMBROKE PINES, FL 33024

Title: [

Name: WRAY, VICTOR

Address: 3754 NW 209TH TERRACE City-St-Zip: CORAL CITY, FL 33055

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: REV. DONALD F. CLARKE P 02/18/2010