2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2012
Secretary of State

DOCUMENT# 742009

Entity Name: HARVEST FIRE WORSHIP CENTER, INC.

Current Principal Place of Business:

18291 N.W. 23 AVENUE
MIAMI GARDENS, FL 33056

New Principal Place of Business:

Current Mailing Address:

18291 N.W. 23 AVENUE
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
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: T
Name: HARVEY, HYGLIVE, D
Address: 967 NE 145 STREET
City-St-Zip: MIAMI, FL 33161

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

Title: D
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: DONALD F CLARKE P 03/21/2012

Electronic Signature of Signing Officer or Director — Date