FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 APR 23 PM 7:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **756657** **(3)**

1. Corporation Name

NEW HARVEST MINISTRIES, INC.

Principal Place of Business	Mailing Address
480 20 MILE RD PONTE VERDRA FL 32082	P. O. BOX 15 PONTE VERDRA FL 32004 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/09/1981	3a. Date of Last Report: 06/20/1994
4. FEI Number: 58-9113117	☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☑	$68.75 Supplemental Fee Not Required
8. *This corporation has liability for intangible tax under S. 199.032,* Florida Statutes ☐ Yes ☑ No	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
BRANDIES, LESLIE A 480 20 MILE RD PONTE VERDA FL 32082	81 Name 82 Street Address (P.O. Box Number Is Not Acceptable) 83 84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	☐ Change ☐ Addition
NAME	WILSON, HOBIE	1.2 NAME	
STREET ADDRESS	1528 EASTLAKE LN	1.3 STREET ADDRESS	
CITY-ST-ZIP	SEBASTIAN FL	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	☐ Change ☐ Addition
NAME	HENN, JOHN	2.2 NAME	
STREET ADDRESS	1206 GEORGE ST.	2.3 STREET ADDRESS	
CITY-ST-ZIP	SEBASTIAN FL	2.4 CITY-ST-ZIP	
TITLE	PD	3.1 TITLE	☐ Change ☐ Addition
NAME	BRANDIES, LESLIE A	3.2 NAME	
STREET ADDRESS	20 MILE ROAD	3.3 STREET ADDRESS	
CITY-ST-ZIP	PONTE VERDA FL	3.4 CITY-ST-ZIP	
TITLE	ST	4.1 TITLE	☐ Change ☐ Addition
NAME	BRANDIES, LESLIE D	4.2 NAME	
STREET ADDRESS	20 MILE ROAD	4.3 STREET ADDRESS	
CITY-ST-ZIP	PONTE VERDA FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	CROSBY, CURTIS	5.2 NAME	
STREET ADDRESS	283 6TH AVE SW	5.3 STREET ADDRESS	
CITY-ST-ZIP	VERO BEACH FL	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	☐ Change ☐ Addition
NAME	TRAN, QUANG	6.2 NAME	
STREET ADDRESS	1741 SHAKESPHERE ST.	6.3 STREET ADDRESS	
CITY-ST-ZIP	SEBASTAIN FL	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Leslie C. Brandies Leslie A. Brandies 4-21-95 904/285-2727
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0081718