

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

**APPROVED AND FILED**

**95 APR 24 AM 8:55**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

<p><b>CORPORATION ANNUAL REPORT 1995</b></p>		<p><b>FLORIDA DEPARTMENT OF STATE</b> Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS</p>
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**DOCUMENT # 757470 (0)**

1. Corporation Name  
**HARVEST MINISTRIES, ROB HAWKS EVANGELIST ASSOCIATION, INC.**

Principal Place of Business <b>9876 BALMORAL CIRCLE ORLANDO FL 32817</b>	Mailing Address <b>9876 BALMORAL CIRCLE ORLANDO FL 32817</b>
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>04/08/1981</b>	3a. Date of Last Report <b>05/01/1994</b>
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2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

4. FEI Number <b>59-2864435</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input checked="" type="checkbox"/>	<b>\$68.75</b> Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**HAWKS, WILLIAM R REV  
9876 BALMORAL CIRCLE  
ORLANDO FL 32817**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>PD</b>
NAME	<b>HAWKS, REV WILLIAM R, JR</b>
STREET ADDRESS	<b>9876 BALMORAL CIR.</b>
CITY - ST - ZIP	<b>ORLANDO FL</b>
TITLE	<del>VD</del>
NAME	<del>BERNARD REV RICK</del>
STREET ADDRESS	<del>4034 TALL TREE DR.</del>
CITY - ST - ZIP	<del>ORLANDO FL</del>
TITLE	<b>STD</b>
NAME	<b>HAWKS, RHONDA BEA</b>
STREET ADDRESS	<b>9876 BALMORAL CIR.</b>
CITY - ST - ZIP	<b>ORLANDO FL</b>
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>VD</b>
2.3 STREET ADDRESS	<b>BILL HAWKS, SR</b>
2.4 CITY - ST - ZIP	<b>3625 STARLIGHT AVE MERRIT ISLAND 32953</b>
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 118.07(3)(k), 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, unchanged, or on an attachment with an address.

SIGNATURE: Rev. W. R. Hawks, Jr. 4-14-95 407-275-8790

SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR \_\_\_\_\_ Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_