

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 757470 (0)

HARVEST MINISTRIES, ROB HAWKS EVANGELIST ASSOCIATION, INC.



Principal Place of Business: **9876 BALMORAL CIRCLE ORLANDO FL 32817**
Mailing Address: **9876 BALMORAL CIRCLE ORLANDO FL 32817**

3. Date Incorporated or Qualified: **04/08/1981**
3a. Date of Last Report: **04/24/1995**
4. FEI Number: **59-2864435**
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: **3625 STARLIGHT AVE**
2a. Mailing Address: **3625 STARLIGHT AVE**
22. Suite, Apt. #, etc.:
23. City & State: **MERRITT ISLAND, FL**
24. Zip: **32953** 25. Country: **USA**
27. Suite, Apt. #, etc.:
28. City & State: **Merritt Island, FL**
29. Zip: **32953** 30. Country: **USA**

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. City:
84. City: **FL** 85. Zip Code:

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	11 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HAWKS, REV WILLIAM R, JR	12 NAME	Rev. DAMIEN ZINICOLA
STREET ADDRESS	9876 BALMORAL CIR.	13 STREET ADDRESS	1445 BOONVILLE AVE.
CITY-ST-ZIP	ORLANDO FL	14 CITY-ST-ZIP	SPRINGFIELD, MO 65802
TITLE	VD <input type="checkbox"/> DELETE	21 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HAWKS, BILL SR.	22 NAME	Rev. TERRY RABURN
STREET ADDRESS	3625 STARLIGHT AVE.	23 STREET ADDRESS	1445 BOONVILLE AVE.
CITY-ST-ZIP	MERRITT ISLAND FL	24 CITY-ST-ZIP	SPRINGFIELD, MO 65802
TITLE	STD <input type="checkbox"/> DELETE	31 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HAWKS, RHONDA BEA	32 NAME	D JIM ANGELAKOS
STREET ADDRESS	9876 BALMORAL CIR.	33 STREET ADDRESS	606 PALM BAY COURT #201
CITY-ST-ZIP	ORLANDO FL	34 CITY-ST-ZIP	ORLANDO, FL 32825
TITLE	<input type="checkbox"/> DELETE	41 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	D VIRGINIA HAWKS
STREET ADDRESS		4.3 STREET ADDRESS	6225 STARLIGHT AVE.
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Merritt Island, FL 32953
TITLE	<input type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	D Rev. MARK BERNEY
STREET ADDRESS		5.3 STREET ADDRESS	1890 N. COURTENAY PKWY
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Merritt Island, FL 32953
TITLE	<input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	D Rev. CARL STEPHENS
STREET ADDRESS		6.3 STREET ADDRESS	2008 N GOLDENROD ROAD
CITY-ST-ZIP		6.4 CITY-ST-ZIP	ORLANDO, FL 32807

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)(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 if changed, or on an attachment with an address.

SIGNATURE: Rev. William R Hawks 4-28-96 467 657-4101
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)