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May 20 1997 8:00am
Secretary of State

NONPROFIT CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 757470 (0)

1. Corporation Name

HARVEST MINISTRIES, ROB HAWKS EVANGELIST ASSOCIATION, INC.



Principal Place of Business

Mailing Address

3625 STARLIGHT AVE
MERRITT ISLAND FL 32953
US

3625 STARLIGHT AVE
MERRITT ISLAND FL 32953-8042
US

3. Date Incorporated or Qualified
04/08/1981

3a. Date of Last Report
05/01/1996

2. Principal Place of Business

2a. Mailing Address

4. FEI Number
59-2864435

Applied For
Not Applicable

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

22

27

City & State

City & State

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

23

28

Zip

Country

Zip

Country

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes Yes No

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HAWKS, WILLIAM R REV
9876 BALMORAL CIRCLE
ORLANDO FL 32817

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 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD DELETE
NAME HAWKS, REV WILLIAM R, JR
STREET ADDRESS 9876 BALMORAL CIR.
CITY-ST-ZIP ORLANDO FL

1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE VD DELETE
NAME HAWKS, BILL SR.
STREET ADDRESS 3625 STARLIGHT AVE.
CITY-ST-ZIP MERRITT ISLAND FL

2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE STD DELETE
NAME HAWKS, RHONDA BEA
STREET ADDRESS 9876 BALMORAL CIR.
CITY-ST-ZIP ORLANDO FL

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE D DELETE
NAME HAWKS, VIRGINIA
STREET ADDRESS 6225 STARLIGHT AVE
CITY-ST-ZIP MERRITT ISLAND FL

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE D DELETE
NAME BERMEU., ARL
STREET ADDRESS 1890 N COURTENAY PKWY
CITY-ST-ZIP MERRITT ISLAND FL

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE A DELETE
NAME STEPHENS, REV CARL
STREET ADDRESS 2008 N GOLDENROD ROAD
CITY-ST-ZIP ORLANDO FL

6.1 TITLE Change 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0020145

[Handwritten Signature] 4-30-97 407 452 2088

CR2E037 (9/96)