

FILE NOW: FILING FEE IS \$61.25

FILED
May 15 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 757470 (0)

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



Principal Place of Business 3625 STARLIGHT AVE MERRITT ISLAND FL 32853 US	Mailing Address 3625 STARLIGHT AVE MERRITT ISLAND FL 32853 US
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3. Date Incorporated or Qualified 04/08/1981	
4. FEI Number 59-2864435	Applied For <input type="checkbox"/> Yes <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

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 Hawks, William R. Rev.	
82 Street Address (P.O. Box Number is Not Acceptable) 3625 Starlight Ave	
83	
84 City Merritt Island 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	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAWKS, REV WILLIAM R, JR	1.2 NAME	
STREET ADDRESS	9876 BALMORAL CIR.	1.3 STREET ADDRESS	3625 STARLIGHT AVE
CITY-ST-ZIP	ORLANDO FL	1.4 CITY-ST-ZIP	Merritt Island FL
TITLE	VD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAWKS, BILL SR.	2.2 NAME	
STREET ADDRESS	3625 STARLIGHT AVE.	2.3 STREET ADDRESS	
CITY-ST-ZIP	MERRITT ISLAND FL	2.4 CITY-ST-ZIP	
TITLE	STD	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAWKS, RHONDA BEA	3.2 NAME	
STREET ADDRESS	9876 BALMORAL CIR.	3.3 STREET ADDRESS	3625 STARLIGHT AVE
CITY-ST-ZIP	ORLANDO FL	3.4 CITY-ST-ZIP	Merritt Island, FL
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAWKS, VIRGINIA	4.2 NAME	
STREET ADDRESS	6225 STARLIGHT AVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	MERRITT ISLAND FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BERMEU, ARL	5.2 NAME	
STREET ADDRESS	1890 N COURTENAY PKWY	5.3 STREET ADDRESS	REV. MARK Beerney
CITY-ST-ZIP	MERRITT ISLAND FL	5.4 CITY-ST-ZIP	1890 N. COURTENAY PKWAY
TITLE	A	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEPHENS, REV CARL	6.2 NAME	
STREET ADDRESS	2008 N GOLDENROD ROAD	6.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	6.4 CITY-ST-ZIP	

14. I 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: _____ **4-22-98**

CR2E037 (10/97)