

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 22, 2006 8:00 am
Secretary of State

05-22-2006 90048 001 ****61.25

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1. Entity Name
SOUL HARVEST CHURCH OF GOD, INC.



Principal Place of Business
2029 PHOENIX AVE
JACKSONVILLE, FL 32206

Mailing Address
P.O. BOX 28314
JACKSONVILLE, FL 32226



05122006 No Chg-NP CR2E037 (4/06)

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4. FEI Number
59-3666835

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

MORRIS, DARNELL L SR
2029 PHOENIX AVE
JACKSONVILLE, FL 32206

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IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

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

**Filing Fee is \$61.25
Due by September 6, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	MORRIS, DARNELL L SR
STREET ADDRESS	2029 PHOENIX AVE
CITY-ST-ZIP	JACKSONVILLE, FL 32206
TITLE	D3
NAME	MORRIS, DARNELL
STREET ADDRESS	2029 PHOENIX AVE
CITY-ST-ZIP	JACKSONVILLE, FL 32206
TITLE	D
NAME	BAKER, CLARICE
STREET ADDRESS	P.O. BOX 28314
CITY-ST-ZIP	JACKSONVILLE, FL 32226
TITLE	D
NAME	SAMPSON, MERCEDES
STREET ADDRESS	POST OFFICE BOX 28314
CITY-ST-ZIP	JACKSONVILLE, FL 32226
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Clarice Morris Baker* **5-11-06** **904-803-7241**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #