

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N01000006442

1. Entity Name

SOUL HARVEST COMMUNITY DEVELOPMENT &
ENRICHMENT CENTER, INC.



Principal Place of Business

9327 SE MARICAMP RD
OCALA, FL 34472

Mailing Address

9327 SE MARICAMP RD
OCALA, FL 34472

FILED

04 OCT -4 AM 11:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



07072004 No Chg-NP

CR2E037 (10/03)

04

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4. FEI Number

59-3534670

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HOLLINS, ESTELLA DR.
9 BAHIA PLACE LOOP
OCALA, FL 34472

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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

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

(NOTE: Registered Agent signature required when reinstating)

600041568936

10/04/04 01031-004 **70.00

Filing Fee is \$61.25
Due by September 8, 2004

9. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

REINSTATEMENT

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	HOLLINS, ESTELLA DR
STREET ADDRESS	9 BAHIA PLACE LOOP
CITY-ST-ZIP	OCALA, FL 34472
TITLE	D
NAME	WILSON, GLORIA
STREET ADDRESS	1118 NW 7 AVE
CITY-ST-ZIP	OCALA, FL 34475
TITLE	D
NAME	MCHELLON, DEBRA
STREET ADDRESS	954 NW 57 CT
CITY-ST-ZIP	OCALA, FL 34482
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 exemption stated in Section 119.07(3)(i), 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:

D. Estela Hollins

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/5/04

Date

680-1240

Daytime Phone #