

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jun 24, 2008 8:00 am
Secretary of State

06-24-2008 90001 012 ****61.25

DOCUMENT # N02000003373

1. Entity Name
HARVEST PREPARATION MINISTRIES, INC.



Principal Place of Business

6471 WEST COMMERCIAL BLVD.
TAMARAC, FL 33319

Mailing Address

6471 WEST COMMERCIAL BLVD.
TAMARAC, FL 33319

40109029



06122008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
01-0699509

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BOSWORTH, ALLEN
507 SE 11TH CT.
FT. LAUDERDALE, FL 33316

**DO NOT WRITE
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 _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$61.25
Due by September 12, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME YORKE, ANTHONY
STREET ADDRESS 5721 NW 54TH TERR.
CITY-ST-ZIP TAMARAC, FL 33319

TITLE VD
NAME FORBES, ELISHA
STREET ADDRESS 9130 SW 18TH RD.
CITY-ST-ZIP BOCA RATON, FL

TITLE D
NAME YORKE, ANDREA
STREET ADDRESS 5721 NW 54TH TERR.
CITY-ST-ZIP TAMARAC, FL 33319

TITLE SD
NAME HARRICHAN, JENNY
STREET ADDRESS 8307 WEST SAMPLE ROAD
CITY-ST-ZIP CORAL SPRINGS, FL 33065

TITLE TD
NAME ABRAHAMS, JAN
STREET ADDRESS 680 NW 101 TERRACE
CITY-ST-ZIP PLANTATION, FL 33324

TITLE D
NAME HALLEY, CARLOS
STREET ADDRESS 5933 ROYAL WAY
CITY-ST-ZIP TAMARAC, FL 33321

**DO NOT WRITE
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:

Anthony R. Yorke **ANTHONY R. YORKE** 6-12-08 954-718-7991
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT

2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

40109029

| | | | | | |
|--|-------------------------|---|--|--|--|
| DOCUMENT # N02000003373 | | | |  | |
| 1. Entity Name HARVEST PREPARATION MINISTRIES, INC. | | | | | |
| Principal Place of Business 6471 WEST COMMERCIAL BLVD. TAMARAC, FL 33319 | | | Mailing Address 6471 WEST COMMERCIAL BLVD. TAMARAC, FL 33319 | | |
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | 02012007 Chg-NP CR2E037 (12/06) | |
| Zip | | Country | | 4. FEI Number 01-0699509 | |
| | | | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent | | | 7. Name and Address of New Registered Agent | | |
| BOSWORTH, ALLEN | | | Name | | |
| 507 SE 11TH CT. | | | Street Address (P.O. Box Number is Not Acceptable) | | |
| FT. LAUDERDALE, FL 33316 | | | City | | |
| | | | FL Zip Code | | |
| 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) DATE: | | | | | |
| Filing Fee is \$61.25 Due by May 1, 2007 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| | | | | Make check payable to Florida Department of State | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
| TITLE | PD | <input type="checkbox"/> Delete | TITLE | DIRECTOR | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | YORKE, ANTHONY | | NAME | DESIREE Halley | |
| STREET ADDRESS | 5721 NW 54TH TERR. | | STREET ADDRESS | 5933 Royal Way | |
| CITY-ST-ZIP | TAMARAC, FL 33319 | | CITY-ST-ZIP | Tamarac Fl. 33321 | |
| TITLE | VD | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | FORBES, ELISHA | | NAME | | |
| STREET ADDRESS | 9130 SW 18TH RD. | | STREET ADDRESS | | |
| CITY-ST-ZIP | BOCA RATON, FL | | CITY-ST-ZIP | | |
| TITLE | D | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | YORKE, ANDREA | | NAME | | |
| STREET ADDRESS | 5721 NW 54TH TERR. | | STREET ADDRESS | | |
| CITY-ST-ZIP | TAMARAC, FL 33319 | | CITY-ST-ZIP | | |
| TITLE | SD | <input type="checkbox"/> Delete | TITLE | | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | HARRICHAN, JENNY | | NAME | | |
| STREET ADDRESS | 8307 WEST SAMPLE ROAD | | STREET ADDRESS | | |
| CITY-ST-ZIP | CORAL SPRINGS, FL 33065 | | CITY-ST-ZIP | | |
| TITLE | TD | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | ABRAHAMS, JAN | | NAME | | |
| STREET ADDRESS | 680 NW 101 TERRACE | | STREET ADDRESS | | |
| CITY-ST-ZIP | PLANTATION, FL 33324 | | CITY-ST-ZIP | | |
| TITLE | D | <input type="checkbox"/> Delete | TITLE | Director | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | HALLEY, CARLOS | | NAME | Carlos Halley | |
| STREET ADDRESS | 428 SE 64TH TERRACE | | STREET ADDRESS | 5933 Royal Way Tamarac Fl. 33321 | |
| CITY-ST-ZIP | MARGATE, FL 33068 | | CITY-ST-ZIP | | |
| 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: <i>Anthony R. Yorke</i> | | | ANTHONY R. YORKE | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | Date | | |
| | | | 4-13-07 954-718-7991 | | |
| | | | Daytime Phone # | | |



ATTACHMENT

40109029
N02000003373

Harvest Preparation Ministries

6471 W. Commercial Blvd. Tamarac, FL 33319 • Tel. 954-718-7991 Fax. 954-720-4620
Website: harvestpreparationministries.org

2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT NUMBER-- N02000003373

HARVEST PREPARATION MINISTRIES, INC.

FEI NUMBER 01-0699509

REGISTERED AGENT: BOSWORTH, ALLEN
507 SE 11TH CT.
FORT LAUDERDALE, FL.33316

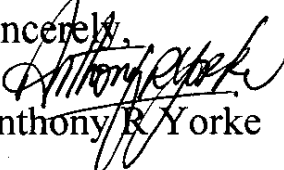
ATTACHMENT

To whom it may concern

By this attachment, the existing board of directors respectfully requests that the error of omission of **Mrs. Desiree Halley, 5933 Royal Way, Tamarac Fl 33321** from the list of directors be corrected effective with the 2008 annual report.

This inclusion was officially requested with the 2007 annual report filed in April of 2007 as evidenced by the enclosed copy.
Thank you.

Sincerely,


Anthony R. Yorke