


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jan 28, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N04073</b>		
1. Entity Name <b>SOUL HARVEST OUTREACH WORLD MINISTRY, INC.</b>		

Principal Place of Business <b>2640 N AUSTRALIAN AVE WEST PALM BEACH FL 33407</b>	Mailing Address <b>2021-ECHO LAKE DRIVE WEST PALM BEACH FL 33407-3507</b>
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2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



1st MOORE CR2E037 (10/04)

4. FEI Number **65-0075796** Applied For Not Applicable

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

6. Name and Address of Current Registered Agent <b>WILLIAMS, LEONARD 2021 ECHO LAKE DRIVE WEST PALM BEACH FL 33407</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2005**

9. Election Campaign Financing Trust Fund Contribution. ☐ \$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		<input type="checkbox"/> Change	<input type="checkbox"/> Add
NAME	WILLIAMS, LEONARD			NAME			
STREET ADDRESS	2021 ECHO LAKE DRIVE			STREET ADDRESS			
CITY- ST- ZIP	WEST PALM BCH FL			CITY- ST- ZIP			
TITLE	VT	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Add
NAME	WILLIAMS, BARBARA H.			NAME			
STREET ADDRESS	2021 ECHO LAKE DR			STREET ADDRESS			
CITY- ST- ZIP	WEST PALM BCH. FL			CITY- ST- ZIP			
TITLE	SD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Add
NAME	THOMPSON, MILDRED			NAME			
STREET ADDRESS	1560 QUAIL DR. APT. 1			STREET ADDRESS			
CITY- ST- ZIP	WEST PALM BEACH FL 33409			CITY- ST- ZIP			
TITLE	DC	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Add
NAME	EVANS, ROBERT, JR			NAME			
STREET ADDRESS	1111 S MANGOLIA CIR			STREET ADDRESS			
CITY- ST- ZIP	W PALM BEACH FL			CITY- ST- ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Add
NAME	WELLS, ENGLISH			NAME			
STREET ADDRESS	736 CAMILLA DR.			STREET ADDRESS			
CITY- ST- ZIP	ROYAL PALM BCH. FL			CITY- ST- ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Add
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY- ST- ZIP				CITY- ST- ZIP			

1109100202553  
01/28/05-80114-021 61.25

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 changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** Barbara Williams **1-26-05** **(561) 845-6524**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #