

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000006547

FILED
Mar 20, 2012
Secretary of State

Entity Name: FAITH TEMPLE: HARVEST OF LIFE MINISTRIES, INC.

Current Principal Place of Business:

348 NORTH MARION AVENUE
LAKE CITY, FL 32055

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1904
LAKE CITY, FL 32055

New Mailing Address:

FEI Number: 56-2670379

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WILSON, SCHARA W
884 N.W. TEXAS AVENUE
LAKE CITY, FL 32055 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P
Name: WILSON, HENRY BISHOP
Address: 884 N.W. TEXAS AVENUE
City-St-Zip: LAKE CITY, FL 32055

Title: VP
Name: WILSON, VERLENE B BISHOP
Address: 884 N.W. TEXAS AVENUE
City-St-Zip: LAKE CITY, FL 32055

Title: D
Name: WILSON, CEDRIC
Address: 884 N.W. TEXAS AVENUE
City-St-Zip: LAKE CITY, FL 32055

Title: D
Name: WILSON, SCHARA W
Address: 884 N.W. TEXAS AVENUE
City-St-Zip: LAKE CITY, FL 32055

Title: T
Name: MYERS, STEPHANIE
Address: 356 S.E ALLEN PL
City-St-Zip: LAKE CITY, FL 32055

Title: S
Name: ARLINE, CARLA
Address: 1004 NW EADIE STREET APT 103
City-St-Zip: LAKE CITY, FL 32055

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: SCHARA WILSON

VP

03/20/2012

Electronic Signature of Signing Officer or Director

Date