


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED  
Apr 23, 2004 08:00 AM  
Secretary of State

**DOCUMENT # N16038**  
1. Entity Name  
HARVEST FIRE WORSHIP CENTER, HOLLYWOOD, INC.



Principal Place of Business  
6024 WASHINGTON STREET  
HOLLYWOOD, FL 33023 US

Mailing Address  
6024 WASHINGTON STREET  
HOLLYWOOD, FL 33023 US

**DO NOT WRITE IN THIS SPACE**

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04192004 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-2793809	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

6. Name and Address of Current Registered Agent

FRANCIS, RUDOLPH  
1101 NW 44 TERR  
LAUDERHILL, FL 33312

**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 \_\_\_\_\_ (NOTE Registered Agent signature required when reinstating) DATE \_\_\_\_\_

Filing Fee is \$61.25  
Due by May 1, 2004

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

000000127426  
04/23/04-80074-005 70.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P CLARKE, DONALD F 395 NE 154 ST MIAMI, FL 33162
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP FRANCIS, RUDOLPH 1101 NW 44 TERR LAUDERHILL, FL 33312
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD LAIDLEY, BARBARA 2781 SW 64 TERR HOLLYWOOD, FL 33027
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T STENNET, HELENA 1211 NW 207 ST. MIAMI, FL 33169
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S WATSON, JOAN 2929 E. MISSIONWOOD CIR. MIRAMAR, FL 33025
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD BELL, ERROL 7150 GRANVIEW BLVD. MIRAMAR, FL 33023

**DO NOT WRITE 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)(l), 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:** *Rudolph Francis* **Rudolph Francis** **4.21.04** **954-585-4826**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #