


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 11, 2007 8:00 am
Secretary of State

05-11-2007 90036 014 ****61.25

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			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.				
City & State		City & State		04232007 Chg-NP CR2E037 (12/06)		
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
4. FEI Number 59-2793809		Applied For <input type="checkbox"/> Not Applicable				
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent			
FRANCIS, RUDOLPH 1101 NW 44 TERR LAUDERHILL, FL 33312			Name			
			Street Address (P.O. Box Number is Not Acceptable)			
			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>						
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	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	CLARKE, DONALD F		NAME			
STREET ADDRESS	395 NE 154 ST		STREET ADDRESS			
CITY-ST-ZIP	MIAMI, FL 33162		CITY-ST-ZIP			
TITLE	VP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	FRANCIS, RUDOLPH		NAME			
STREET ADDRESS	1101 NW 44 TERR		STREET ADDRESS			
CITY-ST-ZIP	LAUDERHILL, FL 33312		CITY-ST-ZIP			
TITLE	TD	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	
NAME	SHIALEY, DENNIS		NAME	Yvonne Francis		
STREET ADDRESS	1501 NE 160 ST		STREET ADDRESS	4750 NW 22nd Ct - 320		
CITY-ST-ZIP	N MIAMI BEACH, FL 33162		CITY-ST-ZIP	Lauderhill FL 33313		
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	STENNET, HELENA		NAME			
STREET ADDRESS	1211 NW 207 ST.		STREET ADDRESS			
CITY-ST-ZIP	MIAMI, FL 33169		CITY-ST-ZIP			
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	WATSON, JOAN		NAME			
STREET ADDRESS	2929 E. MISSIONWOOD CIR.		STREET ADDRESS			
CITY-ST-ZIP	MIRAMAR, FL 33025		CITY-ST-ZIP			
TITLE	TD	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	
NAME	BELL, ERROL		NAME	IAN Beckford		
STREET ADDRESS	7150 GRANVIEW BLVD.		STREET ADDRESS	10001 SW 12th		
CITY-ST-ZIP	MIRAMAR, FL 33023		CITY-ST-ZIP	Pembroke Pine 33025		
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: <u>Rudolph Francis</u> <u>RUDOLPH FRANCIS</u> 4/25/07						
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>						

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