

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Mar 10, 1999 8:00 am**  
**Secretary of State**

03-10-1999 90244 046 \*\*\*\*61.25

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**DOCUMENT # N37058**

1. Corporation Name

**LABORERS AND HARVESTERS MINISTRIES, INC.**  
*Harvesters*

Principal Place of Business

% EMORY WILSON  
1034 N ANDERSON AVENUE  
LAKELAND FL 33805

Mailing Address

% EMORY WILSON  
1034 N ANDERSON AVENUE  
LAKELAND FL 33805



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

30

3. Date Incorporated or Qualified

03/09/1990

4. FEI Number

59-2914896

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

9. Name and Address of Current Registered Agent

WILSON, EMORY  
1034 N ANDERSON AVENUE  
LAKELAND FL 33805

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

TITLE D ☐ DELETE  
NAME WILSON, CLARISSA  
STREET ADDRESS 1034 N ANDERSON AVE  
CITY-ST-ZIP LAKELAND FL

TITLE D ☐ DELETE  
NAME WOODS, MARY ANN  
STREET ADDRESS 1830 SILS RD.  
CITY-ST-ZIP LAKE WALES FL

TITLE D ☐ DELETE  
NAME JONES, ANTHONY J  
STREET ADDRESS 2184 66TH AVE S  
CITY-ST-ZIP ST PETERSBURG FL

TITLE D ☐ DELETE  
NAME WILSON, EMORY  
STREET ADDRESS 1034 N. ANDERSON AVE.  
CITY-ST-ZIP LAKELAND FL 33805

TITLE D ☐ DELETE  
NAME JONES, LYNDA K  
STREET ADDRESS 2184-66TH AVE S  
CITY-ST-ZIP ST PETERSBURG FL

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Original Signature Required*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/19/99

Date

(727) 864-6679

Daytime Phone #

CR2E037 (11/98)