NONPROFIT CORPORATION ANNUAL REPORT 1995 8-9-95 B-8184 XC

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 AUG -9 AM 11:39

DOCUMENT # N48240 (8)

1. Corporation Name

THE WORLD HARVEST CHURCH MINISTRIES, INC.

Principal Place of Business	Mailing Address
5100 WEST HILLSBORO BLVD. COCONUT CREEK FL 33073	5100 WEST HILLSBORO BLVD. COCONUT CREEK FL 33073

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/03/1992
3a. Date of Last Report: 03/24/1994
4. FEI Number: NOT APPLICABLE ☐ Applied For ☒ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 Country 25	Zip 29 Country 30

5. Certificate of Status Desired ☒ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ — FILING FEE IS $61.25
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

ROBERTS AGNES L
6511 THOMAS ST
HOLLYWOOD FL 33024

10. Name and Address of New Registered Agent

81 Name: same
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] Sharon J. Baker — DATE 8/3/95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	☐ Change ☐ Addition
NAME	BAKER, JAMES D.	1.2 NAME	same
STREET ADDRESS	4068 N.W. 1ST DR.	1.3 STREET ADDRESS	
CITY-ST-ZIP	DEERFIELD BEACH FL	1.4 CITY-ST-ZIP	
TITLE	DV	2.1 TITLE	☐ Change ☐ Addition
NAME	DAVIS, WILLIAM H.	2.2 NAME	same
STREET ADDRESS	5100 W HILLSBORO BLVD NW	2.3 STREET ADDRESS	
CITY-ST-ZIP	COCONUT CRK FL	2.4 CITY-ST-ZIP	
TITLE	DT	3.1 TITLE	DT ☒ Change ☐ Addition
NAME	ROBBINS, WANDA	3.2 NAME	Chapman, Beth
STREET ADDRESS	6848 PALMETTO CIRCLE SO, #1210	3.3 STREET ADDRESS	32286 N.W. 104th Avenue
CITY-ST-ZIP	BOCA RATON FL	3.4 CITY-ST-ZIP	Coral Springs, FL 33065
TITLE	DS	4.1 TITLE	DS ☒ Change ☐ Addition
NAME	BAKER, SHARON J	4.2 NAME	Baker, Sharon J.
STREET ADDRESS	87 NE 7TH AVE	4.3 STREET ADDRESS	5100 W. Hillsboro Blvd. NE
CITY-ST-ZIP	DEERFIELD BCH FL	4.4 CITY-ST-ZIP	CoconutCreek, FL 33073
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: [signature] James D. Baker — 8/3/95 — (305)480-8931
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0007106