## 2003 NOT-FOR-PROFIT CORPORATION

## **FILED** Mar 20, 2003 8:00 am § Secretary of State **UNIFORM BUSINESS REPORT (UBR) DOCUMENT # N48240** 1. Entity Name 03-20-2003 90090 048 \*\*\*\*61.25 THE WORLD HARVEST CHURCH MINISTRIES, INC. Principal Place of Business Mailing Address 5100 WEST HILLSBORO BLVD. 40688 NW 1ST DRIVE COCONUT CREEK FL 33073 DEERFIELD BEACH FL 33442 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number NOT APPLICABLE Applied For Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BAKER, SHARON J O. Box Number is 5100 WEST HILLSBORO BLVD. COCONUT CREEK FL 33073 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. 3-18-2003 SIGNATURE 9. Election Campaign Financing Make Check Payable to FILE NOW: FEE IS \$61.25 \$5.00 May Be Trust Fund Contribution. Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 DΡ TITLE ☐ Delete TITLE Change ☐ Addition NAME BAKER, JAMES D NAME STREET ADDRESS 4068 N.W. 1ST DR. STREET ADDRESS CITY-ST-ZIP **DEERFIELD BEACH FL 33442** CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition NAME BAKER, PAMELA J , NAME STREET ADDRESS 4068 NW 1ST DR STREET ADDRESS CITY-ST-ZIP **DEERFIELD BEACH FL 33442** CITY-ST-ZIP ☐ Delete JITLE Change Change ☐ Addition NAME BAKER, SHARON J . Name STREET ADDRESS 5100 WEST HILLSBORO BLVD. STREET ADDRESS CITY-ST-ZIP COCONUT CREEK FL 33073 CITY-ST-ZIP DT TITLE ☐ Delete TITLE Change ☐ Addition DAVIS, WILLIAM S NAME NAME STREET ADDRESS 8516 NW 35TH-COURT = ---STREET ADDRESS CITY-ST-ZIP CORAL SPRINGS FL 33065 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP . City-St-Zip TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME

12. 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 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 trusfee 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

STREET ADDRESS

CITY-ST-ZIP ⁴

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

3-18-2003