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Apr 09 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N93000000005 (9)
 1. Corporation Name
HARVEST INTERNATIONAL MINISTRIES, INC.



Principal Place of Business 11560 OLD ST. AUGUSTINE RD. STE. 4 JACKSONVILLE FL 32258 US	Mailing Address 11560 OLD ST. AUGUSTINE RD. STE. 4 JACKSONVILLE FL 32258-1406 US
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3. Date Incorporated or Qualified 12/31/1992	3a. Date of Last Report 04/24/1996
4. FEI Number 59-3155852	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent
**REITER, THOMAS M
 SUITE 3100 BARNETT CENTER
 50 N LAURA STREET
 JACKSONVILLE FL 32202**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD <input type="checkbox"/> DELETE
NAME	D'AMICO, ANGELO M
STREET ADDRESS	11560 OLD ST. AUGUSTINE RD., STE. #4
CITY-ST-ZIP	JACKSONVILLE FL
TITLE	STD <input type="checkbox"/> DELETE
NAME	D'AMICO, CYNTHIA A
STREET ADDRESS	11560 OLD ST. AUGUSTINE RD., STE. #4
CITY-ST-ZIP	JACKSONVILLE FL
TITLE	D <input type="checkbox"/> DELETE
NAME	D'AMICO, BRIAN K
STREET ADDRESS	11560 OLD ST. AUGUSTINE RD., STE. #4
CITY-ST-ZIP	JACKSONVILLE FL
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	D'Amico, Mark D.
1.3 STREET ADDRESS	11560 Old St. Augustine Rd.#4
1.4 CITY-ST-ZIP	Jacksonville, FL 32258
2.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Robinson, Joseph
2.3 STREET ADDRESS	11560 Old St. Augustine Rd.#4
2.4 CITY-ST-ZIP	Jacksonville, FL 32258
3.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Robinson, Margaret
3.3 STREET ADDRESS	11560 Old St. Augustine Rd.#4
3.4 CITY-ST-ZIP	Jacksonville, FL 32258
4.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Russell, Bryan
4.3 STREET ADDRESS	11560 Old St. Augustine Rd.#4
4.4 CITY-ST-ZIP	Jacksonville, FL 32258
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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.

SIGNATURE: *[Signature]* Angelo M. D'Amico **4-9-97 904-218-7328**

CR2E037 (9/96)