

**FILE NOW: FILING FEE IS \$61.25**

APPROVED

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # N94000003666 (4)**

1. Corporation Name

**NEW HARVEST CHRISTIAN CENTER CHURCH OF GOD IN CHRIST INC.**

Principal Place of Business

Mailing Address

6205 WOODVILLE HIGHWAY  
TALLAHASSEE FL 32301

ROUTE 16, BOX 3071  
TALLAHASSEE FL 32304

100001734021  
-03/06/96--01037--006  
\*\*\*\*\*61.25 \*\*\*\*\*61.25



2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

3. Date Incorporated or Qualified

07/25/1994

3a. Date of Last Report

08/11/1995

4. FEI Number

59-3254877

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**

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

☐ Yes ☐ No

9. Name and Address of Current Registered Agent

BROWN, RAY C  
ROUTE 16, BOX 3071  
TALLAHASSEE FL 32304

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 PD  
NAME BROWN, ROY C  
STREET ADDRESS RT. 16 BOX 3071  
CITY-ST-ZIP TALLAHASSEE FL 32304 ☐ DELETE

TITLE TR  
NAME RICHARDSON, KEN  
STREET ADDRESS 1049 WINFIELD FORREST DR.  
CITY-ST-ZIP TALLAHASSEE FL 32311 ☐ DELETE

TITLE STR  
NAME BROWN, MOLLIE L  
STREET ADDRESS RT. 16 BOX 3071  
CITY-ST-ZIP TALLAHASSEE FL 32304 ☐ DELETE

TITLE DTR  
NAME DIXON, JAMES  
STREET ADDRESS 1010 BASIN ST. APT. 232-H  
CITY-ST-ZIP TALLAHASSEE FL 32304 ☒ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE DTR ☐ Change ☒ Addition  
1.2 NAME Isaac Randolph  
1.3 STREET ADDRESS B2D North St  
1.4 CITY-ST-ZIP Tallahassee FL 32304

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

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

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

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

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

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: Ray C. Brown - Ray C. Brown

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 4, 1996 (904) 487-7230

Date Daytime Phone #

CR2E037 (12/95)