

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N95000003194 (6)

1. Corporation Name

LABOR FOR THE HARVEST MINISTRIES, INC.

Principal Place of Business

Mailing Address

POST OFFICE BOX 1487
WOODVILLE FL 32362

POST OFFICE BOX 1487
WOODVILLE FL 32362



3. Date Incorporated or Qualified

07/06/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 457 W. Carolina St

26 P.O. Box 1487 Woodville 71A

4. FEI Number

71A 593331407

Applied For

Not Applicable

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

23 City & State

28 City & State

23 Tallahassee Fla

28 Woodville 71A

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

24 Zip Country

29 Zip Country

24 32301 25 America

29 32362 30

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

THOMAS, CATHY D
8886 FREEDOM ROAD
TALLAHASSEE FL 32310

81 Name

Norman Clary

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

650 E. York St

83

84

City

Monticello

FL

85 Zip Code

32344

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 Norman Clary

Signature, typed or printed name of registered agent and filer (applicable)

(NOTE: Registered Agent signature required after reinstating)

5/11/96

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME Cathy D. Thomas
STREET ADDRESS 8886 Freedom Road
CITY-ST-ZIP Tallahassee, FL 32301

TITLE ☐ DELETE
NAME Vinita Harrison
STREET ADDRESS 3578 Sundown Rd.
CITY-ST-ZIP Tallahassee, FL 32310

TITLE ☐ DELETE
NAME Elder Norman Clary
STREET ADDRESS 650 E York St.
CITY-ST-ZIP Monticello, FL 32344

TITLE ☐ DELETE
NAME Evan Janet Clary
STREET ADDRESS 650 E York St.
CITY-ST-ZIP Monticello, FL 32344

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP

21 TITLE ☐ Change ☐ Addition
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

31 TITLE ☐ Change ☐ Addition
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

41 TITLE ☐ Change ☐ Addition
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 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: Cathy D. Thomas

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/29/96

DATE

922-4303

Daytime Phone #

CR2E037 (12/95)