FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **N95000003453 (6)**

1. Corporation Name

HERALD OF HARVEST MINISTRIES APOSTOLIC FAITH, IN CORPORATED

Principal Place of Business	Mailing Address
3820 N.W. 166TH STREET OPA LOCKA FL 33055	~~3820 N.W. 166TH STREET~~ ~~OPA LOCKA FL 33055~~

3. Date Incorporated or Qualified: 07/21/1995

3a. Date of Last Report:

2. Principal Place of Business
21: SAME
Suite, Apt. #, etc. 22:
City & State 23:
Zip 24: Country 25:

2a. Mailing Address
26: P.O BOX681526
Suite, Apt. #, etc. 27:
City & State 28: MIAMI[illegible],FLA. 33168
Zip 29: 33168 Country 30: DADE

4. FEI Number: 65-0596325 ☐ 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

HENRIQUES, GENNIVIEVE
7 N.W. 2ND STREET
#218
MIAMI FL 33128

10. Name and Address of New Registered Agent

81 Name: N/A
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 _____ DATE
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	PD	☐ DELETE	1.1 TITLE		☒ Change ☐ Addition
NAME	WALKER, STEVE		1.2 NAME	[illegible]	
STREET ADDRESS	20820 N.W. 28TH COURT		1.3 STREET ADDRESS	[illegible]	
CITY-ST-ZIP	MIAMI FL 33056		1.4 CITY-ST-ZIP	[illegible]	
TITLE	SD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	PEART, ENID		2.2 NAME		
STREET ADDRESS	BOX 681625		2.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33168		2.4 CITY-ST-ZIP		
TITLE	TD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	WILMOTT, KARL		3.2 NAME		
STREET ADDRESS	18135 N.W. 6TH AVE.		3.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33169		3.4 CITY-ST-ZIP		
TITLE	D	☒ DELETE	4.1 TITLE	D	☐ Change ☐ Addition
NAME	HARRIS, AGATHA		4.2 NAME	AGATHA HARRIS	
STREET ADDRESS	115 N.E. 202 TERRACE		4.3 STREET ADDRESS	115 N.E. 202. terrace	
CITY-ST-ZIP	MIAMI FL 33179		4.4 CITY-ST-ZIP	MIAMI, FLA. 33179	
TITLE	VD	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	WILMOTT, VELMA		5.2 NAME		
STREET ADDRESS	18135 N.W. 6TH AVE.		5.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33169		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (12/95)

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] KARL Wilmot 4/12/96 305
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #