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Mar 16 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1998**

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	P. O. BOX 681526 MIAMI FL 33168 US

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

4. FEI Number: 65-0596325 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business 21	2a. Mailing Address 26: 3820 N.W. 166 Street
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27: OPA LOCKA, FLA. 33055
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29: 33055 / Country 30: DADE

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ 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

82 Street Address (P.O. Box Number is Not Acceptable): 1001 BRICKELL BAY DRIVE, SUITE 2310

83: MIAMI

84 City: FL 85 Zip Code: 33131

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			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	WALKER, STEVE		1.2 NAME		
STREET ADDRESS	20820 N.W. 28TH COURT		1.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33056		1.4 CITY-ST-ZIP		
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	7630 DELIDO BLVD.		3.3 STREET ADDRESS		
CITY-ST-ZIP	MIRAMAR FL		3.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	WILMOTT, VELMA		4.2 NAME		
STREET ADDRESS	7630 DELIDO BLVD.		4.3 STREET ADDRESS		
CITY-ST-ZIP	MIRAMAR FL		4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			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 (10/97)

14. 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 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: Enid Peart Enid J. PEART 3/7/98 305 691-0754