2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 10, 2006
Secretary of State

DOCUMENT# N95000003453

Entity Name: HERALD OF HARVEST MINISTRIES APOSTOLIC FAITH, INCORPORATED

Current Principal Place of Business:

3820 NW 166TH STREET
OPA LOCKA, FL 33054 US

New Principal Place of Business:

Current Mailing Address:

3820 NW 166TH STREET
OPA LOCKA, FL 33054 US

New Mailing Address:

FEI Number: 65-0596325 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HENRIQUES, GENNIVIEVE
1001 BRICKELL BAY DR,
SUITE 2310
MIAMI, FL 33131 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: WALKER, STEVE
Address: 20820 N.W. 28TH COURT
City-St-Zip: MIAMI, FL 33056

Title: SDV ( ) Delete
Name: PEART, ENID
Address: BOX 681625
City-St-Zip: MIAMI, FL 33168

Title: T ( ) Delete
Name: MICHAEL, MAVIS
Address: 1030 NW 106 ST
City-St-Zip: MIAMI, FL 33150

Title: AT ( ) Delete
Name: WALKER, LORRAINE
Address: 2082 NW 28 CT
City-St-Zip: MIAMI, FL 33056

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: STEVE WALKER PD 01/10/2006

Electronic Signature of Signing Officer or Director — Date