

FILE NOW: FILING FEE IS \$61.25

FILED  
May 20 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N95000004324 (8)**

1. Corporation Name

**ABUNDANT HARVEST MINISTRIES, INC.**



Principal Place of Business <b>478 SE 11 TERRACE DANIA FL 33304</b>	Mailing Address <b>478 SE 11 TERRACE DANIA FL 33304-4530</b>
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3. Date Incorporated or Qualified <b>09/12/1995</b>	3a. Date of Last Report <b>05/23/1996</b>
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2. Principal Place of Business <b>21 2113 LAKE DEBRA DR. Suite, Apt. #, etc. # 1914 City &amp; State ORLANDO, FL. Zip 32835 Country ORANGE</b>	2a. Mailing Address <b>26 2113 LAKE DEBRA DR. Suite, Apt. #, etc. # 1914 City &amp; State ORLANDO, FL. Zip 32835 Country ORANGE</b>
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4. FEI Number <b>65-0608161</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>ORINKAWITZ, MARK A 478 SE 11 TERRACE DANIA FL 33304</b>	10. Name and Address of New Registered Agent <b>81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 2113 LAKE DEBRA DR. # 1914 84 City ORLANDO FL 85 Zip Code 32835</b>
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11. Pursuant to the provisions of Sections 617.0602 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 617.1508, Florida Statutes.

SIGNATURE: *[Signature]* PTO **MARK A. ORINKAWITZ** 5/7/97  
(NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ORINKAWITZ, MARK A	1.2 NAME	
STREET ADDRESS	478 SE 11 TERRACE	1.3 STREET ADDRESS	
CITY-ST-ZIP	DANIA FL 33304	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ORINKAWITZ, MIRIAM	2.2 NAME	
STREET ADDRESS	478 SE 11 TERRACE	2.3 STREET ADDRESS	
CITY-ST-ZIP	DANIA FL 33304	2.4 CITY-ST-ZIP	
TITLE	SD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HANSEN, HARRY	3.2 NAME	
STREET ADDRESS	660 NW 19 ST	3.3 STREET ADDRESS	
CITY-ST-ZIP	FT LAUDERDALE FL 33311	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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, for or on an attachment with an address.

SIGNATURE: *[Signature]* PTO **MIRIAM A. ORINKAWITZ** 5/7/97 (407) 292-2012  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0022470

CR2E037 (9/96)