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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997 DOCUMENT # N9500004324 (8)

ABUNDANT HARVEST MINISTRIES, INC.

FILED May 20 1997 8:00am Secretary of State



Principal Place	e of Business	Mai	iling Address			s entlisht ala idiki altit nutit alt.	** ***** ***** ***		
17 8 SE 11 TER Bania Fl 9330			478-8E-11 TERRACE Dania FL 33001-4530.						
						3. Date Incorporated or Qualified 09/12/1995	i 3a. Dat	te of Last R 05/23/19	eport 96
2. Principal Pl	lace of Business 3 LAKE DEBRA DR	2a.	Mailing Address 2//3 (AK	E DEBI	RA DR.	4. FEI Number 65-0608161	4		oplied For ot Applicable
Suite, Apt	## 1914	27	Suite, Apt. #, etc.	1914	,	5. Certificate of Status Desired		\$8.75	
City & State	LANDO , 38.	28	City & Store	100,7	ve.	Election Campaign Financing Trust Fund Contribution		\$5.00 Added t	May Be to Fees
328:	35 Country ORANGE		Zip 98.835	30 ON	EINGE	This corporation has liability for Florida Statutes		tex-under s No	. 199.032,
	9. Name and Address of Cur	rent Regist	ered Agent			10. Name and Address of New F	Registered A	gent	
	WITZ, MARK A 11 TERRACE EL 33304				83 8//3	iress (P.O. Box Number is Not Accept AKE PESIA DA		9/4_	
					64 City	ORLANDO	FL	85 Zio	2835
11. Pursuant	to the provisions of Sections 617.0	26Q2 and 61	7.1508, Florida Sta	tutes, the al	pove-named cor	poration submits this statement for the	purpose of	changing if	ls registered
office or re agent. La	egistered agent, or both, in the St m tagging with and accept the ob-	ate of Floridations of	a. Such offange ffa Section 61 1503.	is authorized Florida Stat	d by the corpora tutes.	poration submits this statement for the tition's board of directors. I hereby acc	ept the appo	vintment as	registered
IGNATURE.	/////	u	fly	P40	MAR	K A. ORINKAWITZ	51	17/97	1
IGIVATURE	Storodure, typed or printed name of registered	dagent and title if	if applicable (N		d Agent signature requ	ered when reinstating)	DATE /	T_{\perp}	
2.		AND DIREC		13.		ADDITIONS/CHANGES TO OFF	ICERS AND		
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1 am an officer or director of the corporation of 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

SIGNATURE

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/7/97 (407) 2

Daytime Phone # 002247