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Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # N95000005473 (2)

1. Corporation Name

NEW HARVEST OUTREACH CENTER, INC.



Principal Place of Business

Mailing Address

1228 COUNTRY WIND
APOPKA FL 32703
US

P.O. BOX 607003
ORLANDO FL 32860
US

3. Date Incorporated or Qualified

11/17/1995

4. FEI Number

59-3349872

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 591 Woodfire Wy

26 591 Woodfire Wy

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23 Casselberry FL

28 Casselberry FL

Zip

Country

Zip

Country

24 32707

25 Seminole

29 32707

30 Seminole

8. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ROY, JAMES
1228 COUNTRY WIND DR.
APOPKA FL 32703

81 Name

1304 James

82 Street Address (P.O. Box Number is Not Acceptable)

591 Woodfire Wy

83

84 City

Casselberry

FL

85 Zip Code

32707

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

James L Roy

(NOTE: Registered Agent signature required when reinstating)

DATE

5-1-98

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D
NAME ROY, JAMES
STREET ADDRESS 2489 LAKE JACKSON CIRCLE
CITY-ST-ZIP ORLANDO FL 32703

1.1 TITLE D
1.2 NAME ROY, James
1.3 STREET ADDRESS 591 Woodfire Wy
1.4 CITY-ST-ZIP Casselberry FL 32707

TITLE D
NAME ROY, DENISE P
STREET ADDRESS 2489 LAKE JACKSON CIRCLE
CITY-ST-ZIP ORLANDO FL 32703

2.1 TITLE D
2.2 NAME ROY, Denise P.
2.3 STREET ADDRESS 591 Woodfire Wy
2.4 CITY-ST-ZIP Casselberry FL 32707

TITLE D
NAME MCCUTCHAN, CLIFF
STREET ADDRESS 6509 BYWOOD
CITY-ST-ZIP ORLANDO FL 32810

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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:

James L Roy

5-1-98

CR2E037 (10/97)