

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
Aug 12 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N95000005840 (2)**

1. Corporation Name

HARVEST HOUSE OUTREACH CENTER, INC.

Principal Place of Business

Mailing Address

**7750 N.W. 4TH AVENUE
MIAMI FL 33150**

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MIAMI FL 33150**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 12/12/1995	3a. Date of Last Report 05/01/1996
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2. Principal Place of Business 21 7750 NW 4th ave	2a. Mailing Address 26 7750 NW 4th ave	4. FEI Number 65-067-5601	Applied For <input type="checkbox"/> Not Applicable
Suite, Apt. #, etc. 22 N/A	Suite, Apt. #, etc. 27 N/A	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
City & State 23 Miami, Fla.	City & State 28 Miami, Fla.	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip 24 33150	Country 25 Dade	7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SIMPSON, WALTER L
3875 NW 188 TERR
OPALOCKU FL 33050**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
FL 85 Zip Code

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 Walter L Simpson (NOTE: Registered Agent signature required when reinstating) DATE 8-5-97

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SIMPSON, WALTER L		1.2 NAME	
STREET ADDRESS 3875 NW 188 TERR		1.3 STREET ADDRESS	N/A
CITY-ST-ZIP OPALOCKA FL 33050		1.4 CITY-ST-ZIP	
TITLE MD	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SIMPSON, BARBARA V		2.2 NAME	
STREET ADDRESS 3875 NW 188 TERR		2.3 STREET ADDRESS	N/A
CITY-ST-ZIP OPALOCKA FL 33050		2.4 CITY-ST-ZIP	
TITLE T	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MCCARTHY, ONELL		3.2 NAME	
STREET ADDRESS 6751 SW 10 CT		3.3 STREET ADDRESS	N/A
CITY-ST-ZIP PEMBROKE PINES FL 33023		3.4 CITY-ST-ZIP	
TITLE S	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MCCARTHY, TONYA		4.2 NAME	MCCARTHY, Tonya / your second signed Tony
STREET ADDRESS 6751 SW 10 CT		4.3 STREET ADDRESS	
CITY-ST-ZIP PEMBROKE PINES FL 33023		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	6.1 TITLE	<input checked="" 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, or on an attachment with an address.

SIGNATURE Walter L Simpson SIGNATURE REQUIRED

8-5-97

CR2E037 (4/97)