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Feb 04 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> 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  
US**

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

3. Date Incorporated or Qualified

**12/12/1995**

4. FEI Number

**65-0675601**

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

**21 Harvest House Outreach Center**

**26 Suite, Apt. #, etc.**

**22 7750 N.W. 4th Ave**

**27 Suite, Apt. #, etc.**

**23 City & State**

**28 City & State**

**miami fl**

**24 Zip**

**Country**

**33150**

**Dade**

**29 Zip**

**Country**

**30**

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing

**\$5.00 May Be  
Added to Fees**

Trust Fund Contribution ☐

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SIMPSON, WALTER L  
3875 NW 168 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD** ☐ DELETE  
NAME **SIMPSON, WALTER L**  
STREET ADDRESS **3875 NW 168 TERR**  
CITY-ST-ZIP **OPALOCKA FL 33050**

TITLE **MD** ☐ DELETE  
NAME **SIMPSON, BARBARA V**  
STREET ADDRESS **3875 NW 168 TERR**  
CITY-ST-ZIP **OPALOCKA FL 33050**

TITLE **T** ☐ DELETE  
NAME **MCCARTHY, ONELL**  
STREET ADDRESS **6751 SW 10 CT**  
CITY-ST-ZIP **PEMBROKE PINES FL 33023**

TITLE **S** ☐ DELETE  
NAME **MCCARTHY, TONYA**  
STREET ADDRESS **6751 SW 10 CT**  
CITY-ST-ZIP **PEMBROKE PINES FL**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

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:

*Walter L Simpson*

**1-11-98**

**305-624-0218**

CR2E037 (10/97)