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Secretary of State

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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N95000005840

1. Corporation Name

HARVEST HOUSE OUTREACH CENTER, INC.

Principal Place of Business

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

Mailing Address

7750 N.W. 4TH AVENUE
MIAMI FL 33150



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

12/12/1995

4. FEI Number

65-0675601

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

SIMPSON, WALTER L
3875 NW 168 TERR
OPALOCKU FL 33050

10. Name and Address of New Registered Agent

81

Name

SIMPSON, WALTER L

82

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

7821 NW 4th Ct

83

84

City

MIAMI

FL

85

Zip Code

33150

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

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD ☒ Change ☐ Addition

1.2 NAME SIMPSON, WALTER L
1.3 STREET ADDRESS 7821 NW 4th Ct
1.4 CITY-ST-ZIP MIAMI, FL 33150

2.1 TITLE MD ☒ Change ☐ Addition

2.2 NAME SIMPSON, BARBARA V
2.3 STREET ADDRESS 7821 NW 4th Ct
2.4 CITY-ST-ZIP MIAMI, FL 33150

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 in an attachment with an address, with all other like empowered.

SIGNATURE: *Walter L Simpson*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/10/99 305 758-2012
Date Daytime Phone #

0031919

CR2E037 (11/98)