

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 16, 2004 8:00 am
Secretary of State

02-16-2004 90048 012 ****61.25

DOCUMENT # N9500005840

1. Entity Name

HARVEST HOUSE OUTREACH CENTER, INC.



Principal Place of Business

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

Mailing Address

7821 NW 4 CT
MIAMI FL 33150

2. Principal Place of Business

7750 NW 4th Ave

3. Mailing Address

7821 NW 4th Ct

Suite, Apt. #, etc.

House

Suite, Apt. #, etc.

House

City & State

Miami, FL

City & State

Miami, FL

Zip

33150

Country

USA

Zip

33150

Country

USA

4. FEI Number

65-0675601

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SIMPSON, WALTER L
7821 NW 4TH CT
MIAMI FL 33150

7. Name and Address of New Registered Agent

Name Walter L. Simpson

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

7821 NW 4th Ct

City

Miami

FL

Zip Code

33150

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Pastor Walter L. Simpson

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

(NOTE: Registered Agent signature required when reinstating)

2/5/04

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME SIMPSON, WALTER L
STREET ADDRESS 7821 NW 4 CT
CITY-ST-ZIP MIAMI FL 33150

TITLE MD ☐ Delete
NAME SIMPSON, BARBARA V
STREET ADDRESS 7821 NW 4 CT
CITY-ST-ZIP MIAMI FL 33150

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME N/A No Change
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME N/A
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME N/A
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME N/A
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

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

2-4-04 (805) 758-2012
Date Daytime Phone #